Lectures
ON
MOLECULAR PHYSIOLOGY, PATHOLOGY, AND THERAPEUTICS,
AND THEIR
APPLICATION TO THE TREATMENT OF DISEASE.

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LECTURE II.

THE CELL ELEMENTS OF THE TISSUES.

Definition.—By a cell is understood a microscopical object composed of an external envelope—the *cell wall* or membrane—containing an included body, which is called its *nucleus*, and having between the nucleus and cell wall a substance named the protoplasm, cell sap, or cell contents. These three constituents of the cell present great variation as to thickness, size, or bulk.

Physical and chemical properties of cells.—The cell wall is more or less thick and resistant. In plants it is frequently double, the inner one having been denominated the *primordial utricle* by Von Mohl. The nucleus is usually round or oval, is solid or hollow, homogeneous or molecular. It varies in size, and generally contains one or two included granules, called *nucleoli*. The contents may be fluid, gelatinous, or solid, and present the molecular, granular, fibrous, or crystalline forms.

These constituents of the cell are also for the most part of different chemical composition. The cell wall is generally albuminous, and is partially soluble in acetic acid. In the inactive epidermic and cartilaginous cells this change does not occur, as the cell walls in them are gradually converted into horn and chondrine. When actively performing their functions, the walls readily admit of endosmotic currents, swelling out on the addition of water, and collapsing when immersed in dense solutions. They may be rendered impervious from fatty or mineral degeneration, and thus lose their active properties. The nucleus is usually different in chemical composition from the cell wall, undergoing no change on the addition of acetic acid, and frequently becoming more dense, with a thickened outline, on the addition of that reagent. It seems to be more allied to the fatty than to the albuminous compounds. It exhibits a marked tendency to combine with pigments, a circumstance which has recently been taken advantage of in displaying the textures by steeping them in a solution of carmine. The contents vary greatly in chemical composition in different cells. They may consist of the secretions formed in the numerous glands—may be watery, holding various substances in solution; oily or fatty; pigmentary, the various pigments being generally coloured fats, although, when black, it may be caused sometimes by melanine, at others by pure carbon; albuminous and scleroginous, as in the cells of many plants; and mineral, as in many cells of plants and animals.

Cells may vary greatly with regard to their size, form, and relation to each other. In size some of them are as small as the 3000th, and others as large as the 400th, of an inch in diameter. In form they may be round, oval, polygonal, cylindrical, caudate, fusiform, branched, stellate, &c. &c. They may be densely crowded together or widely scattered, isolated or aggregated, united by connecting fibres or tubes, or separated by various kinds of substance, called *intercellular substance*.

Varieties of cells.—Cells may be divided into three classes:—1st. Normal isolated cells, which never proceed beyond the cell form. These are lymph and chyle corpuscles, blood, nerve or ganglionic, fat, pigment, and glandular secreting cells. 2nd. Cells of transition—that is, cells which, for different periods in their earlier stage of development, present all the characters and functions of cells, but the tendency of which is to be transformed, or so arranged as ultimately to constitute a tissue. Among these must be placed many embryonic cells and fibre, epithelial and cartilage cells. 3rd. Cells only found in morbid conditions of the tissues, such as plastic or pyoid, pus, granule, cancer and tubercle corpuscles. Many of these classified among cells are in truth only nuclei, such as the chyle and blood corpuscles of mammals, tubercle corpuscles, and the free nuclei found in certain cancroid growths, especially fibro-nucleated tumours. To avoid unnecessary divisions, I have thought it advisable at present not to treat specially of a nuclear element of the tissues.

FIG. 34. FIG. 35. FIG. 36. FIG. 37.

Various kinds of cells. Fig. 34. Embryonic nuclei imbedded in a molecular blastema. Fig. 35. Young fibre cells formed by aggregation of molecules around the nuclei, Fig. 34. Fig. 36. Cancer cells, one with a double nucleus. Fig. 37. Histolytic, or so-called granule cells, breaking down from fatty degeneration. (250 diameters linear.)

The origin of cells involves a consideration of the various doctrines which from time to time have been advanced, and the essence of which I shall endeavour to communicate to you in a few words. Passing over the views of the older observers, including those of Wolff, Von Baer, Raspail, and others, in which there is much that invites attention, the chief theories advanced on this subject may be limited to four.

1. *The theory of Schleiden and Schwann* (1839).—In a cytoblastema or amorphous substance, found either contained within cells already existing, or else between them in the form of intercellular substance, round corpuscles make their appearance, which are at first structureless or minutely granular. These enlarge and constitute the nuclei, around which a cell wall is formed by molecular deposition, and gradually expands by the progressive reception of new molecules between the existing ones. The interspace between the cell membrane and the cell nucleus is at the same time filled with fluid, and thus a nucleated cell is produced. Cells so formed may remain isolated, or, by subsequent development and coalescence of their walls in different ways, produce all the various textures.* Thus all tissues are derived from cells, and "the cause of nutrition and growth resides, not in the organism as a whole, but in the separate elementary parts—*the cells*."†

2. *The theory of Goodsir* (1845).—It is not so much the cells as *the nuclei of the textures* which are the potential elementary parts of the organism, and which therefore may be called *centres of nutrition*, or *centres of germination*. "As the entire organism is formed at first, not by simultaneous formation of its parts, but by the successive development of these from one centre," (the germinal spot of the ovum), "so the various parts arise each from its own centre, this being the original source of all the centres with which the part is ultimately supplied. From this it follows, not only that the entire organism, as has been stated by the authors of the cellular theory, consists of simple or developed cells, each having a peculiar independent vitality, but that there is in addition a division of the whole into departments, each containing a certain number of simple or developed cells, all of which hold certain relations to one central or capital cell, around which they are grouped. It would appear that from this central cell all the other cells of its department derive their origin. It is the mother of all those within its own territory."‡

3. *The theory of Huxley* (1853).—A homogeneous plasma first exists, in which spaces (*vacuoles*) are formed, and these contain the cell wall, contents, and nucleus. The walls of these spaces are called *periplast*, the nucleus *endoplast*. This last he considers comparatively an unimportant element. "The peri-

* Schwann and Schleiden's Researches, translated by the Sydenham Society, p. 172 et seq.
† Idem, p. 193.
‡ Goodsir's Anatomical and Pathological Observations, pp. 1 and 2.

plast, on the other hand, which has hitherto passed under the names of cell wall, contents, and intercellular substance, is the subject of all the most important metamorphic processes, whether morphological or chemical, in the animal and in the plant. By its differentiation every variety of tissue is produced; and this differentiation is the result not of any metabolic action of the endoplast, which has frequently disappeared before the metamorphosis begins, but of intimate molecular changes in its substance, which take place under the guidance of the "vis essentialis," or, to use a strictly positive phrase, occur in a definite order, we know not why."*

Whilst each of these theories has numerous facts in its support, no one of them is capable of embracing all the facts of organization. Thus there are several tissues which have never been known to contain, or to originate from, cells, such as the sarcolemma, vitelline membrane, anterior and posterior layers of the cornea, and capsule of the crystalline lens. The blood corpuscles of mammals are not cells, but nuclei. The striated muscular fibre has been shown by the researches of Savory and Lockhart Clarke to be formed from the molecular mass outside the embryonic cells, while the mineral matter of bone is first deposited in the intercellular substance, outside and often at a distance from the cartilage cells. These facts are opposed to an exclusive cell theory, as they are also to a nuclear or germinal centre theory. It is true the originator of this last doctrine was obliged by them to extend the influence of his centre, externally over a certain distance or territory, whereby he hoped to embrace the actions which are carried on in the intercellular substance. But, as pointed out by the supporter of the third theory, the centre often disappears while development in the matter outside it is active. A study of the development of the skeleton proves that mineral matter is first deposited outside cells and their nuclei, and proceeds, not from, but towards them; while the earthy matter often assumes forms that no known combination of cells can be supposed to produce. On the other hand, there can be no doubt that in many cases development does proceed from the centre, by proliferation both of the nucleus and of the cell; so that the difficulties imposed upon us by each of these theories simply depend upon their exclusive character.

Two leading ideas have governed histologists in their attempts to discover the law of development: the one, that there is an evolution of matter from within; the other, that there is a superposition of matter from without. Facts indicate that, as regards cells and nuclei, both notions are correct; nature, more especially during embryonic life, adopting the first method, and during adult life the second. But the differences between these notions are more apparent than real, because the molecular theory of organization reconciles the two. It inculcates that it is not a cell or a nucleus only which acts as a centre, but that every molecule is a centre, and is endowed with physical or vital properties which enable it sometimes to act in the one way, sometimes in the other—here within, and there outside cells.

4. *Theory of the author* (1855).—It was at the meeting of the British Association in Edinburgh (1860) that I pointed out to the Physiological sub-section the defects of the cell theory, as explanatory of the formation of various textures. In 1852 I read another paper on this subject to the Physiological Society of Edinburgh.† But it was at the Glasgow meeting of the British Association in 1855 I brought forward the matured molecular theory of organization, as I explained it in my last lecture.‡ It may be shortly stated as follows:—The ultimate parts of the organization are not cells nor nuclei, but the minute molecules from which these are formed. They possess independent physical and vital properties, which enable them to unite and arrange themselves so as to produce higher forms. Among these are nuclei, cells, fibres, and membranes, all of which may be produced directly from molecules. The development and growth of organic tissues is owing to the successive formation of histogenetic and histolytic molecules. The breaking down of one substance is often the necessary step to the formation of another; so that the histolytic or disintegrative molecules of one period become the histogenetic or formative molecules of another.§

I may here put on record a fact strongly indicative of the tendency of histolytic molecules to arrange themselves into cell forms. In an old preparation of areolar tissue mounted in spirit in my possession, innumerable fatty molecules have been separated which arranged themselves in the clear fluid as represented in Fig. 38. In other molecular masses in the same preparation round spaces, or vacuoles, have formed themselves, as described by Huxley. I have seen exactly the same arrangement and structure in the earliest formative stage of vegetable mould.

FIG. 38.

Histolytic molecules in the act of arranging themselves into cell forms. (250 diam. linear.)

The molecular doctrine comprehends all known facts; unites the theories of Schwann, Goodsir, and Huxley, and explains the otherwise irreconcilable ideas concerning development sometimes proceeding from the nucleus, at others from the cell, and at others from the intercellular substance. It is supported by all that is known of development, and more especially by the former accurate observations of Schwann, as well as by the recent researches of Rainey, Savory, Clarke, and Beale, although the adoption by the latter of the exclusive evolution theory from within outwards, and his view "that intercellular substance does not possess formative power at all," in my opinion vitiates his conclusions.*

Reproduction of cells.—Cells once formed may propagate themselves in four ways: 1st, *endogenously*—cell may arise within cell; 2nd, *exogenously*—the included contents, molecular or nuclear, may be extruded from the cell, and form cells outside it; 3rd, *fissiparously*—the cell itself may divide, and separate to produce new cells; and 4th, *gemmiferously*—a bud or small process may be given off from the cell wall, which may separate and be developed into a new cell. All these modes of cell reproduction may often be seen proceeding together in one plant; but in animals the first two are the most common in the adult, and the third in the embryo. In either case, the transformations may be traced to the active properties of their molecular constituents. Inside a cell molecules may be precipitated, as well as outside, and there become obedient to physical and vital conditions, whereby they sometimes produce crystals and inorganic masses, at others nuclei, included cells, and other organic products.

Functions of cells.—Various cells possess different vital endowments. Whilst some, like the blood corpuscles, remain isolated, and assist in elaborating the fluid in which they remain, others are gradually transformed into the different tissues of the body, in order to give it support, ductility, and firmness. A third kind are busily occupied in secreting fluids, emptying them into reservoirs, and conducting matters which would be injurious out of the economy. Thus they are the organs of secretion and excretion. A fourth class either store up pigment, which gives colour to the textures, or accumulate pure oil or wax for important chemical or other purposes. A fifth class are endowed with contractility. So long as all these cell processes go on harmoniously, health is preserved. But sometimes a diseased condition is set up by an excess or diminution of one kind or another. The blood cells may be too many or too few. Glandular, epithelial, fibrous, cartilaginous, or osseous growths may form from their local increase. Unusual colorations may be given to the textures, or obesity occasioned, by multiplication of pigment cells in the one case, and adipose cells in the other. Not unfrequently a material is poured out from the blood in a fluid state, which coagulates in a molecular mass, and then a new set of cells, such as pus

FIG. 39.

Three air vesicles from a pneumonic lung—*a*. Taken from the red hepatization, consisting of molecular exudation.† *b*. Taken from between the red and grey hepatization, showing the molecules coalescing to form cells. *c*. Taken from the grey hepatization, showing the exudation transformed into pus cells. (250 diameters linear.)

* Brit. and For. Med.-Chir. Review, vol. xii., p. 306.
† Edinburgh Monthly Journal, May, 1852, p. 476.
‡ Report of the British Association for the Advancement of Science, 1855, p. 119.
§ Proceedings of the Royal Society of Edinburgh, April 1st, 1861.

* Beale on the Structure and Growth of the Tissues, p. 61, 1861.
† I have not succeeded in getting the woodcutter to make the molecules sufficiently fine.

cells, spring up in it, which break it down once again into a pulpy or diffluent mass, and at length, by their own disintegration, allow the whole to be absorbed. Or, as in the case of cancer cells, these new formations, by possessing independent power of development, give origin to uncontrollable local and general growths of a fatal character.

These various endowments constitute the peculiar vital properties of cells, and prove that each must possess powers of attraction and selection. By attraction it draws from the neighbouring blastema the material necessary for its own growth and sustenance, which it converts, by a subtle chemistry of its own, into a variety of products. By selection, one cell appropriates this matter and another that—often rejecting the substance that is greedily seized upon by its neighbour. In the higher animals the nutritive blood appears to be the same in different organs; and yet we see cells, apparently similar in structure and chemical composition, forming from that blood a viscous saliva, an acid gastric, or an alkaline pancreatic juice. They also possess physical properties which are essential to the vital ones, among which must be classed the power of endosmose and exosmose, and the chemical differences previously pointed out to exist between nucleus, contents, and cell wall.

Cell movements.—In the same way that molecules have movements peculiar to themselves, so in certain cases have the other constituents of the cell, such as the nucleus and cell wall. The embryonic heart of the chick may often be seen to be composed of cells, each of which by its contractile movements appears to give the organ its power of propulsion. Infusorial animalcules, consisting of nucleated cells, slowly or quickly dilate and contract their cell walls. The fibre cells scattered through the adult tissues do the same. In the stalks of vorticellæ is a spiral filament, formed from the nucleus, having contractile power, as have the filaments of spermatozoids developed within cells. The walls of cells, again, have frequently hair-like processes attached to them externally, which are in constant movement, and are termed "cilia."

Conditions necessary for cell life.—The development of cells is dependent on certain conditions, which, so far as we are acquainted with them, appear to be as follows:—1st. They must bear a certain relation to a nutritive fluid or *blastema*, from which they can attract and select the various substances necessary to enable them to carry on their respective functions. The most active growing cells are those that swim in such a fluid. In the higher plants and animals the nutritive fluid (sap or blood) is distributed throughout the economy in a series of canals. 2nd. A certain temperature is necessary to cell life, as it will not continue below zero or above 145° Fahr. As a general rule, a low temperature checks, while an elevated one is favourable to cell growth. 3rd. Room for expansion is necessary to perfect cell formation. They grow most rapidly, and are best formed, in fluids or very moist substances. When they begin to press upon one another or upon unyielding tissues, their development is checked or destroyed. 4th. An appropriate locality has evidently a great influence over cell formation, and this independent of mere temperature and the other circumstances referred to. This is well observed, not only in nature generally, but in the reproduction of tissues in man; the new matter originating the cells being in most cases the same, but more or less governed, in respect of the ultimate development, by the neighbouring structures. Lastly: The physical condition of the cell itself governs its development. If the cell wall becomes infiltrated with mineral matter, liquids do not readily pass through it; if the cell fluid becomes loaded with albuminous, fatty, or mineral substances, or if the nucleus disappear, the growth and function of the cell are destroyed. The conjoined integrity of cell wall, contents, and nucleus, seems to be necessary for cell life, as each of these operates on the others and on the surrounding blastema by endosmose and exosmose. Cells therefore are not absolutely the simple elementary parts which some consider them to be, but complex structures, in which at least three distinct substances enter to make the whole. Compared with molecules they are a higher stage of existence, and essentially connected with the most important vital processes of the economy, such as nutrition, secretion, and reproduction. Conjoined with other elements of the textures they are also essential to locomotion, sensation, and mental acts. Each individual cell, like every molecule, is endowed with a distinct life of its own, but of a more complex character. It is born, grows, arrives at maturity, declines, and dies. Many cells may even reproduce their own species, while others, by further development, are transformed into still higher forms of tissue. Hence our notions of life in general, as seen in the compound organism of a tree or a man, must always have reference to the multitude of minute molecules and cells the united lives of which make up its own.

Practical applications.—Perhaps nothing has more tended to revolutionize medical practice in recent times than the establishment of the cell theory. We observe that most of the great functions of the economy are carried on through the agency of cells, and that even pathological states are entirely owing to their existence, development, and degeneration. Thus pus—that fluid which surgeons formerly considered as a deposit or secretion foreign to the frame, irritating in its nature, and which therefore ought to be let out of the body as soon as possible—is, like the blood, a bland living fluid, crowded with multitudes of compound animal existences, which are born, live, and die as man himself does. That dreaded disease, cancer, owes its so called malignancy solely to the power of endogenous reproduction possessed by its cells; while all alterations of texture, of nutrition, of secretion, and of development are, in truth, connected with their history. The conditions or laws which regulate cell life therefore become of immediate practical importance to the physician and surgeon. Thus the growth of cells is influenced by the same circumstances as influence growth in general. Cold and heat have long been recognised as the most powerful means of checking or hurrying forward the evolution of young plants and animals. This is the explanation of the effects of these agents on the products of inflammation. Does the surgeon wish to prevent suppuration—he applies cold lotions or ice; if he wishes to favour it, he applies warm poultices. In the same manner as the horticulturist, when he desires to force fruit, places the plant in a hothouse, and supplies water,—so does the surgeon surround his indurated abscess with a local hotbed of heat and moisture. So likewise, the influence of compresses and pressure in restraining or retarding growth finds its explanation in the necessity all rapidly growing parts experience for room to expand in. We have previously seen that, inasmuch as cells are dependent on the existence of a molecular blastema, so the composition of this, as influenced by food and drugs, must point to a modification of cell function. But, above all, the vitality of these minute structural elements being inherent in themselves, must convince medical men that the morbid changes which they originate are extra-vascular, and thus induce them to look beyond that former common explanation of disease—namely, the so-called "action of the vessels"—for an explanation of pathological phenomena. Hence the conviction of the inutility of bloodletting and other remedies, which used to be so popular.

LITHOTOMY IN THE FEMALE.

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(*Concluded from p. 36.*)

HAVING discussed at some length, in the preceding portion of this paper, the vesico vaginal method of performing lithotomy, it now remains for me to refer briefly to the other modes by which a stone may be removed from the female bladder, for the purpose of instituting the comparison which I proposed as one of the objects I had in view. The operations in question are:—1. The supra-pubic or high operation. 2. Dilatation of the urethra, rapid or gradual. 3. Incision of the urethra and neck of the bladder. 4. The lateral operation. 5. The "vestibular" operation.

I have placed the high or supra-pubic operation first on the list, not as expressing my opinion of its merits, but because, for the removal of large stones, the choice has generally been assumed to lie between it and the vaginal incision. Many deservedly eminent authorities have even given it the preference in such cases, so great has been their dread of the almost inevitable fistula resulting from the vaginal incision; although the high operation is confessedly the most dangerous of all the various methods that have been proposed. In my opinion, it is high time it was dismissed altogether from the practice of surgery. The only conceivable case in which it would be justifiable would be, perhaps, one in which, with a deformed pelvis and a very large stone, extraction per vaginam was impracticable.

I will next speak of *dilatation of the urethra*—the method

which, I believe I am correct in saying, has of late years been more resorted to than any other. Its facility renders it very tempting to the surgeon, while its safety and bloodlessness recommend it very strongly to the patient. The consequence is, that it has caused many an unfortunate woman to pass the rest of her days in a loathsome and miserable condition. The female urethra is easily dilatable, though perhaps, beyond a limited point, the word *lacerable* might express what occurs more correctly. A stone of small size may, no doubt, be extracted through it readily and safely. There are, besides, records of cases on reliable authority which show that stones even of large size may sometimes be removed through the urethra without permanent injury to the functions of that canal. But it is nevertheless admitted on all hands that the urethral method is frequently followed by inability to retain the urine. The dilatation paralyses, or in some way injures, the sphincter fibres at the neck of the bladder, and thus produces an incontinence, which, though it may sometimes be spontaneously recovered from, not unfrequently persists for the remainder of the patient's life. She is freed from a painful and dangerous disease at no risk to her life, it is true, but she is left in a condition which renders life scarcely worth having, and which science is powerless to relieve. It is surprising, no doubt, to how great an extent urethral dilatation may occasionally be carried with impunity; but this in no way alters the fact that it is impossible to say beforehand how much distension any particular urethra will endure without permanent and irreparable damage. Urethral dilatation should therefore, in my opinion, be only practised in cases where the stone is of small size. To fix a maximum, I would say, in an adult not larger, certainly, than an acorn; and in a child, not larger than a horsebean.

Incision of the urethra is the next method to be considered. I think I am justified in expressing the opinion that any incision of this canal in a *downward* direction, which would lay any portion of it open into the vagina is wrong in principle and pernicious in practice. It gives no additional room for the extraction of a stone, and is therefore useless; while its thin divided edges are certain not to unite spontaneously, and it is exceedingly difficult to procure their union by a plastic operation. A striking illustration of this came under my notice three years ago, in the case of a woman who, seven years previously, had had a large stone dragged into the commencement of the urethra, and then removed by incision of the urethra and neck of the bladder. Of course the wound did not heal, and when I saw her she had not been able to retain one drop of urine for seven years. I succeeded, almost beyond my expectation, in reuniting the edges, and in forming a new urethra of very nearly the normal dimensions, and thus restored her the control over her bladder; but such a case is infinitely more difficult to deal with successfully than any fistula deeper in the vagina.

But though incision of the urethra *downwards* towards the vagina is in every way objectionable, it is otherwise as regards incisions made in an *upward* direction. By dividing the urethra and neck of the bladder towards the symphysis pubis, room may be obtained for the extraction of a moderate-sized stone, without injury to any important structure, and without the disadvantage of laying one mucous channel open into another, when the two are only separated naturally by a very thin partition.

The incision of the urethra upwards dates from the time of Ambrose Paré, who had seen it practised by a surgeon named Collot. It was revived in more recent times by Dubois. Sir B. Brodie practised a limited incision in this direction, combining it with dilatation, and appears to have been well satisfied with the result. The combination of incision upwards with dilatation has also been recommended by Sir P. Crampton.* It does not appear, however, that it can always be depended upon not to produce incontinence of urine. Mr. Liston combined dilatation with slight incisions upwards and outwards towards the rami of the pubes. I have lately seen two moderate-sized stones extracted by means of the incision directly upwards by Mr. Ure in St. Mary's Hospital, with a very satisfactory result, the patient being able to retain her urine almost immediately after the operation. An account of this case will be found in THE LANCET for Nov. 8th, 1862. The incision made was a very free one, to which and the consequent avoidance of bruising or laceration, may, I think, be attributed in a great degree the very favourable termination of the case. I should prefer, if any incision of the urethra is to be made, to depend upon incision alone, rather than combine it with dilatation; and I believe that by so doing the chance of incontinence would be diminished. Of all the urethral methods, it appears to me that the incision upwards is the only one at all deserving of confidence. It is perhaps not altogether devoid of the risk of urinary infiltration into the loose areolar tissue between the bladder and the symphysis pubis; but the urethra, which is situated at the bottom of the incision, forms so convenient a groove for the escape of urine, that this risk is probably not very great. I should myself, in a suitable case, always prefer the vaginal incision, as attended with less risk at the time, and less danger of subsequent incontinence; but the urethral incision, for a moderate sized stone, is undoubtedly a much easier and less troublesome operation.

* See Dublin Quarterly Journal for February, 1847.

I will now speak of the *lateral* operation—a method which, though it can scarcely be called new, is not at all generally known, and not nearly so well known as I think it deserves to be. It is, as nearly as the different structure of the parts will permit, the exact counterpart of the lateral operation in the male. It may be performed in the following manner:—A straight grooved staff having been introduced into the bladder, an incision is to be made on the inner surface of the left nympha, commencing half an inch above the meatus urinarius, and passing obliquely downwards and outwards parallel with the rami of the pubes and ischium. This incision should be carried deeply into the space between the rami on the outside and the vagina on the inside, care being taken not to wound the vagina, which should be protected and pushed inwards towards the median line by the left forefinger introduced into the wound. With the same finger the staff should be felt for deeply in the wound, and the knife should be made to penetrate the groove at a point corresponding, as nearly as can be judged, to the vesical termination of the urethra. It should then be passed onwards into the bladder, its cutting edge being turned obliquely downwards and outwards towards the left side, just as in lateral lithotomy in the male. The incision may be enlarged, should it be thought necessary, as the knife is withdrawn, by a further division of the tissues in the same oblique direction. The ordinary lithotomy forceps can then be introduced into the wound for the extraction of the stone.

This operation, or something very like it, seems to have been practised by Frère Jacques. It has been condemned in succession by several writers of note, but, as it appears to me, without sufficient grounds. Its revival, or, I might almost say, its introduction, is due to Dr. Andrew Buchanan, of Glasgow. My attention was called to it by reading the account of a case operated on in Glasgow by Dr. George Buchanan in February, 1862, and which is recorded in the *Medical Times* of May 3rd. The patient was a child aged six years. The stone was readily extracted, and the wound healed favourably. The child, who had had incontinence of urine since she had been suffering from stone, began to recover power over her bladder as soon as the wound healed. The staff used was rectangular in shape, instead of straight as I have suggested above. Dr. Andrew Buchanan, it appears, operated in this way in six cases, with very satisfactory results, both as regards the healing of the wound and the subsequent ability to retain the urine. A case operated on in the same way by Dr. Morton is related in the *Glasgow Medical Journal* for January, 1855. The patient was a woman aged forty-seven. The wound healed well, and she retained perfect power over her urine.

The careful consideration of these facts, and the facility with which I find this operation can be accomplished in the dead subject, have left the impression on my mind that it is well deserving of further consideration by the profession. I believe it to be an excellent operation, and to be admirably adapted for children. In the first suitable case which presents itself to me, I shall certainly take the opportunity of testing its value. The risk attending it is, I apprehend, as nearly as possible the same as in lateral lithotomy in the male, which in children, we know, is not very alarming. It is not likely to cause any permanent injury to the retentive power of the bladder, as no part of the bladder or urethra is laid open into the vagina; while the track of the wound, passing, as in the male, through a considerable depth of tissue, is pretty certain to heal by granulation.

The proceeding which has been described as the *vestibular operation*, which is said to have been practised by Celsus, and which was revived by Lisfranc, possesses sufficient interest, as one of the modes by which the bladder may be reached, to induce me not to pass it over altogether; but as it is in many respects objectionable, and possesses no independent advantages, it has been very properly laid aside, and I do not, by referring to it, intend in any way to advocate its re-adoption. The vestibule is the triangular smooth space bounded above by the clitoris, below by the meatus urinarius and the commencement of the vagina, and on each side by the nymphæ. An ordinary

grooved staff is introduced into the urethra, with its convexity turned upwards towards the symphysis pubis—that is to say, its ordinary position, as used in the male, is reversed. A curved incision, with its convexity upwards, or parallel with the arch of the pubes, is then to be made across the centre of the vestibular space, and the tissues intervening between the pubes above and the urethra below to be divided, until the grooved staff can be felt in the urethra near its vesical termination. The urethra is to be opened near the neck of the bladder, on its upper surface, by cutting into the groove of the staff, and the incision is to be extended through the neck of the bladder, either in the transverse or upward direction.

The obvious disadvantages of this method are, that the incision has to be made through so inconveniently narrow a space, and that the stone has to be extracted through the narrowest part of the arch of the pubes. The confined condition of the wound must also cause considerable risk of urinary infiltration about the neck of the bladder. The plan, indeed, appears to have been ultimately abandoned by Lisfranc himself.

I will terminate my remarks by submitting for consideration the conclusions which I have myself formed with reference to the subject of lithotomy in the female, bearing in mind always that, though the first object is undoubtedly to remove the stone with as little risk as possible to the life of the patient, yet that it is of almost equal importance that this should be done without permanent injury to the retentive function of the bladder and urethra. These conclusions are briefly as follows:—

1st. That dilatation of the urethra should only be employed for the removal of stones of very limited size; otherwise it is attended with serious risk of incontinence of urine, *that incontinence being incurable.*

2nd. That incisions of the urethra in the *downward* direction should be discarded altogether. But that the incision *upwards* may be practised with but little danger to life, and little risk of incontinence of urine. It is not, however, adapted for the removal of stones of any considerable magnitude, neither is it well suited for children. I believe free incision to be preferable to any combination of incision with dilatation.

3rd. That the vesico-vaginal incision, with immediate closure of the wound by suture, is admirably adapted for the removal of stones in the case of adult women, in whom the vagina is of average capacity; that it is the only safe and available method for the removal of stones of large size; that it is attended with a minimum of immediate risk, and no risk at all of *permanent* incontinence of urine.

4th. That the lateral operation of Dr. Buchanan is founded upon sound anatomical and surgical principles, and is probably the best operation that can be practised in children. It is also well adapted for young and unmarried women, in whom the small size of the vagina would contraindicate the vesico-vaginal method. In these latter cases the choice would therefore lie between the lateral operation and the incision upwards of the urethra.

5th. That there are scarcely any conceivable circumstances which would render the high operation above the pubes justifiable.

6th. That the "vestibular" operation of Lisfranc possesses no merit of its own to compensate for its manifest disadvantages.

Grosvenor-place, Hyde-park, Jan. 1863.

ON THE

ERGOT OF RYE AND THE NATURE OF ITS ACTION ON THE UTERUS.

By GRAILY HEWITT, M.D., M.R.C.P.,

PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL, LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

It may be taken as an undoubted fact, that the ergot of rye is very frequently found to produce a marked effect in exciting contractions of the uterus. That it not uncommonly is entirely useless when administered for the purpose of exciting uterine action, must also be admitted to be a fact. These two propositions imply either an absolute uncertainty in the action of the drug, or the presence of a peculiar idiosyncrasy in particular individuals, one set of patients being liable to be affected with ergot, and another not so liable. The only other alternative is to suppose that there is a want of potency in the particular specimens used; but the answer to this is, that particular specimens under the same conditions as regards freshness, physical condition, and otherwise, have been found to vary in their effects as above described. To adopt the second alternative—that particular individuals have special idiosyncrasies as regards the action of ergot, is hardly a satisfactory mode of explaining the matter.

On what, then, depends the fact that ergot is at one time active, and at another time without apparent action?

To answer this question, we must first endeavour to ascertain what is the nature of the action of ergot in inducing contraction of the uterine muscular tissue, or in lessening the bulk of the organ. This question is one of the greatest possible interest and importance; but it is one which has not yet received a satisfactory answer.

Some little time since, while engaged in studying the subject of puerperal fever, and in tracing the connexion—a connexion the existence of which appears to be substantiated in a certain number of cases—between defective contraction of the uterus after delivery and the occurrence of this disease, I was struck with the fact that in so many cases ipecacuanha had been reported as having been exceedingly efficacious in preventing the outbreak of the disease, or in checking its progress at the early stage; while, as I knew from other sources, the same drug was also found to possess great efficacy in restraining uterine hæmorrhage. It immediately occurred to me that this action of ipecacuanha in restraining uterine hæmorrhage, and in preventing puerperal fever (and which was, doubtless, in both cases due to its action in exciting contraction of the uterus), must be connected with the vomiting excited when the drug was taken into the stomach. Thus far, then, the argument was: ipecacuanha produces contraction of the uterus, and ipecacuanha produces vomiting; probably, therefore, the contraction of the uterus is dependent wholly or chiefly on the vomiting. Considering next the action of ergot in producing contraction of the uterus, and being aware how frequently ergot, when given, sets up vomiting or occasions nausea, I was led to adopt the conclusion which it is now my object to enunciate: that the action of ergot, as an excitor of uterine contraction, is dependent on a like cause—viz., the vomiting and nausea often set up by its administration.

Such were the steps by which I was induced to adopt a theory as to the action of ergot which I have since found to be borne out by the facts which have come under my own observation. The theory is one the truth or untruth of which can be easily determined by a sufficiently large number of well-observed facts. I regret that the observations at this moment in my possession are insufficient in number to give them any great scientific value in the determination of this question, although they appear to myself to be sufficiently convincing to warrant this my expression of belief on the matter.

The facts necessary to be observed are: 1. Ergot being given in a particular case, and a marked ergotic effect being produced, is this effect coexistent, or not, with vomiting or nausea? 2. Ergot being given, and no such marked ergotic effect induced, is there an absence of vomiting and nausea? (It would be advantageous to have a number of observations under this head.) 3. Ipecacuanha or any other emetic being given, are the contractions of the uterus intensified thereby, or increased in frequency? Considerable care would be necessary in recording the answers to these questions, to give the observations a true scientific value.

Some very important results would follow the adoption of the theory now contended for in obstetric practice, and the question which was put at the commencement of this paper—"On what is the uncertainty of the action of ergot dependent?"—would receive, in all probability, a satisfactory answer. I am quite aware that, even admitting that the above explanation is so far a true one, this would only be an advance on the road to a perfect explanation of the matter: the whole relation of vomiting to uterine action and activity will have still to be considered. It is well known that uterine action itself very frequently excites vomiting; and it may be said, therefore, that, admitting that ergot acts only when it excites vomiting, this vomiting is not so much the effect of the ergot as an evidence of uterine activity having been excited. The physiological and the clinical elements in the consideration may, however, be very usefully separated. Clinically, it may be, as I believe, will be, substantiated, that ergot given without producing vomiting will generally be found useless as a parturifacient. What be explanation of the connexion between the vomiting and the uterine action may be is another question, which must be discussed separately.

Berkeley-square, January, 1863.

DEATH FROM BURNING.

BY THOMAS BUZZARD, M.D. LOND.

ON the night of December 26th, 1862, a fire broke out at No. 6, Portland-street, Soho, and owing partly to delay in the supply of water, and partly to the shutters of the shop having been pulled down by an officious passer-by, the house was gutted with more than ordinary rapidity. The inmates (who were very numerous) escaped, with the exception of six children, who had been overlooked in the confusion, and whose dead bodies were found in the front room on the third floor when the fire had almost completed its work of destruction.

I saw these bodies very shortly after their removal from the room, and subsequently examined them carefully in obedience to the Coroner's order. The names and ages of the children were as follows:—Samuel Spencer, aged fourteen years; Sarah Spencer, twelve; Emily Spencer, ten; Joel, eight; Edward, six; Alfred, four.

It will be convenient, in describing the appearances presented by the bodies, if I note down first those which were common to all the six, particularizing afterwards such points as were peculiar to any. The examination was conducted sixty hours after death.

Appearances common to all. — Well marked rigor mortis. But little decomposition, what there was being confined to the abdominal walls. The eyelids firmly closed, so that some little force was required to separate them. Extremities contracted; the fingers firmly clenched. Faces and necks in every case, and the hands in some, bronzed or blackened with smoke. The hair, as a rule, had sustained but comparatively little damage. The features showed no signs of suffering, or, on the other hand, of remarkable repose; indeed I can best describe them as being expressionless. In all there was extensive vesication over the greater part of the body, especially on the posterior surface of the trunk and extremities. The blisters were all broken; but their occurrence was marked by fragments of the cuticle which had formed them, and flaps of which, upon being raised, disclosed the cutis beneath of a crimson colour. The size of the vesications was very various; many were as large as the palm of one's hand. In the intervals between them the skin was of a brilliant rose-pink colour, varying in depth of tone, being deepest, generally, near the blistered surface. So extensively diffused were the redness and vesications, that it was difficult to place the hand upon a part of the body which did not present one or other of the characters described. The general aspect was precisely that of recent burns in a living body. I may add that the injuries (with one exception, to be noted presently) were extensive rather than deep. In all, the hands were the parts most burnt. As a general rule, the clothing, which consisted in each case of a single night garment, was but little consumed.

Appearances peculiar to some.—In two or three, besides the contracted state of the muscles of the extremities, there was a twisting of the spine. In some (I did not note how many), the cuticle of the foot was loosened and separated from its attachments, carrying with it some of the toenails.

In the three eldest (Samuel, Sarah, and Emily), both arms were drawn up and crossed the chest, with the fingers clenched.

In two (Alfred and Joel), the right arm crossed the chest, the left lying along the flank.

In one (Edward), the left arm crossed the chest, the right lying by the side of the body.

In Samuel, the left hand was terribly burnt, the two last phalanges of each of the four fingers being absent, and the remaining ones protruding through the charred tissues.

In Sarah, a fissure extended along the back of the right forearm and wrist, four or five inches in length and three or four lines in depth. It was straight, with clean edges, as though cut with a knife; it contained no blood. Some of the tendons were exposed, but not apparently injured.

In Emily, on an exactly corresponding part of the right arm a precisely similar fissure existed, but somewhat longer than the other.

In four, the lips were retracted and the teeth fixed upon the tongue, which was protruded for a short distance, dry and hard, but not, apparently, burnt. On the faces of some there was a small collection of adipose matter, which had seemingly burst through the skin in a melted condition, and, on cooling, again become solid.

Internal examination of one body.—I opened the body of Edward, choosing it as being, perhaps, the least damaged externally, although probably as much as three-fourths of the surface presented signs of the action of fire. On cutting through the integuments, the areolar tissue was found of a remarkably brilliant red colour, corresponding accurately in depth, I found, to the surface tint, being most vivid where that was brightest, and scarcely perceptible where the surface was covered with but a slight blush. The lungs were much congested; on section, unusually florid blood exuded plentifully, mingled with frothy air-bubbles. All the cavities of the heart were quite empty. The vessels upon the surface of the brain were, I think, somewhat congested with brilliant pink blood; the sinuses were not well filled, and the contained blood was fluid and unusually red in colour. None of the blood met with in the course of the examination presented the ordinary venous character; it was all quite fluid and of a red colour.

This one body only was opened; but, under the circumstances, a conclusion could reasonably be arrived at respecting the others by a simple process of induction.

At the inquest, which was opened on Dec. 30th, I gave it as my opinion that the burns were for the most part inflicted during life; and that the cause of death was probably "shock from sudden and extensive burning." In reply to a question from the Coroner, I expressed my belief that death had not occurred from suffocation.

At the adjourned inquest, held on Jan. 6th, Captain Shaw, the Superintendent of the London Fire Brigade, gave evidence as to the position in which he found the bodies upon entering the room. They were all lying in bed, in a posture of repose, except one, who was on the floor. The room was not very much burnt, the bedding being a good deal scorched, but not consumed. There was so much dense smoke that he was forced to return to the window shortly after entering, in order to obtain fresh air. He expressed a decided opinion that the children had died from suffocation before the fire reached them. In reply to the Court, I continued, in spite of this testimony, which, coming from one so experienced, is entitled to great respect, to adhere to my previously expressed opinion. I added, however, that it was probable the children were asleep, and, perhaps, to a certain extent stupefied by carbonic acid before being burnt. The verdict was in accordance with the medical evidence.

Remarks.—This case seems to me to present several points of interest which render it deserving of record. At the very onset one is startled by the improbability of six persons dying (with one exception) in their beds from burns, without apparently any very active struggle for life. The idea that in cases of fatal conflagration the unhappy victims are always suffocated, and that the fire wreaks its fury upon their lifeless corpses, is exceedingly prevalent. I do not know upon what foundation such an opinion is built, but I know that my own mind was so impressed by it that I proceeded to the examination of these bodies with the full expectation of discovering very evident signs of death by suffocation. If, however, I have succeeded in conveying a clear idea of the post-mortem appearances, I think it will be agreed that they were inconsistent with such an explanation. That at least the greatest part of the burning took place during life does not admit of doubt; the extensive vesication and remarkable capillary injection point unmistakably to energetic vital action. It seems difficult at first to understand why, under these circumstances, only one of the sufferers should be found to have quitted its bed, apparently engaged in an effort at self-preservation; but a recollection of the rapidly fatal effects of less extensive burns will lead us to an appreciation of the probable effect of intense heat suddenly applied to almost the entire surface of the body at once. For I think it likely, considering the history of the fire, that intensely heated air, rather than live flame, was the most active agent of mischief in this case. Indeed Captain Shaw informed me, in a private conversation, that he did not think there was any actual flame in the room until he had opened the window, and thereby admitted air. The comparatively unscathed condition of the clothing would accord with this view. The question of probable stupefaction at the time of burning is of course open to great doubts. That it was a *likely* condition is evident when we consider the state of atmosphere which must have existed in a room at the top of a house on fire; but it is very difficult, at the same time, to explain why post-mortem appearances corresponding to such a view should be absolutely wanting. But it is, I think, most of all difficult to conceive that the blood of a child dying from suffocation should be found in a state of remarkable and unusual oxygenation.

Great Marlborough-street, Jan. 1863.

SCURVY: ITS CAUSE.

BY W. S. OLIVER, M.D.,
ASSISTANT-SURGEON, 4TH BATTALION, 60TH RIFLES.

FOR the following remarks respecting the cause of scurvy, I do not desire to credit myself with complete originality, nor are my assertions substantiated on my part by pathological or practical research; but so confident am I that the true cause of scurvy entirely depends on a deficiency of protein compounds, both animal and vegetable, in the food used by sufferers from that disease, that I cannot refrain from giving publicity to my views, theoretical though they be, in the columns of THE LANCET, with a hope that at some future period they may be practically verified by some of its readers.

My reasons for making this assumption are the facts collected from the symptoms of the disease, the action of the supposed scorbutics and antiscorbutics, and the treatment adopted owing to the ill-formed theories as to its cause.

The languor and despondency, the indisposition to bodily action, the fatigue after the most gentle exercise, the sensation of weariness and aching in the limbs as from over-exertion when the patient is at rest, show clearly a depression of nervous energy that can be simulated by no known disease, but closely resembles the decrepitude of old age—that period of life when those constituents are particularly scarce which, next to water, form the principal elements of the brain tissue. The absorption of the fibrinous deposits of old cicatrices, causing re-ulcerations; the petechial spots gradually merging into ecchymoses, and constituting dangerous hæmorrhages in the vascular parts most superficial; the vertigo, palpitations, and feeling of faintness, point directly to an insufficiency in the materials of the nutrient fluid of the body, and to the elements in which that inadequacy lies—viz., hæmatin and globulin and other protein substances. Be the deficiency where it may, it must be in one. It cannot be in all, as such a coincidence would be incompatible with existence.

Claude Bernard, in his experiments on the renal vessels, has clearly shown the intimate interchange that can take place in the animal economy between fibrine and albumen, and teaches us to place but little reliance on those cases where the other albuminoid constituents being partially absent, fibrine was found in scorbutic blood to be slightly on the increase, more especially when those examinations were made after previous profuse hæmorrhages had occurred.

It is unnecessary for me to deduce further proofs from the symptoms of the disease to strengthen my argument—such as the paleness and the livid leaden hue of the complexion from a deficiency of blood corpuscles, the stiffness of the joints from the absence of their natural albuminoid secretion, or the muscular wasting and debility owing to an insufficient supply of one of its chief elements, and from one of which sintonine is exclusively supplied; the life-supporting current not being able to spare those requisite protein ingredients from the stream that in many cases is unable to keep the wheel of life in motion.

I shall now, therefore, briefly state my experience of the scorbutic and antiscorbutic properties of the food usually supplied on long voyages, and the inferences I am led to deduce from it, and the generally received treatment of scurvy.

To persons who are familiar with the treatment of scurvy only in print, it will seem strange when I assert, from extensive inquiry and practical experience, that few ships, even amongst the best regulated transports, pass through a voyage of more than four, or even three, consecutive months, without being visited by this loathsome pestilence. And the publicity of its presence in those instances of protracted voyages would be more generally known were the medical officers in charge not ashamed to admit such an occurrence, owing to the present popular belief that an outbreak of scurvy is impossible when strict attention is paid to cleanliness, ventilation, employment of the mind and body, and the free use of lime juice, and other supposed antiscorbutics. No doubt *ennui*, climatic changes, moisture, uncleanliness, impure air, &c., will predispose to scurvy, as they do to other diseases; but as to the generally supposed antiscorbutic properties of preserved milk, meats, vegetables, lime-juice such as we find in general use, and other specifics, I do not entertain the slightest belief.

The scorbutic properties of salt meat are, I think, undeniable, and the received theory as to its action is, I believe, the solvent power its alkalinity possesses on the albuminous components of the human tissues. This theory has been found to be incorrect, and serves to support my statement in a wonderful degree. The salting of meat does not produce scurvy directly by the introduction of saline particles into the system, but indirectly by dissolving out and removing from meat all its protein materials, which remain behind in the brine; and if men on board ship, instead of soaking the meat in fresh, and when that is not procurable, in sea water, in order to get rid of the salt, could be induced to consume the brine in their soup, puddings, &c., they would, in my opinion, be making use of the best antiscorbutic that is at the surgeon's disposal. Owing to this theoretical error as to hyper-alkalinity of the blood, pickles, lime-juice, &c., are administered with a view to its neutralization. I have seen them issued daily for four months as a prophylactic measure, and they proved as useless in that respect as they did in the cure of the disease after it had made its appearance. And what was this owing to? Not to a deficiency of acidity, for that they possessed, but to the absence of their protein elements, which in their fresh state they contained in abundance, but in this case had undergone that eremacausis to which protein compounds, both animal and vegetable, are so prone. The process, also, to which vegetables are subjected in pickling at large pickle manufactories, in my opinion, renders them totally useless as antiscorbutics. In order that a large stock may be ready for use at all seasons, they are enveloped in brine, and its action on them, and the results, are similar to those on meat.

It is not necessary for me to mention Garrod's and other theories on scurvy, as they have all been clearly refuted. Vegetables containing potassa also contain protein compounds in greater abundance, and it is owing to these latter constituents that plants belonging to the natural orders Cruciferæ and Aurantiaceæ owe their antiscorbutic qualities. As to the facts elicited from the practical experience of the antiscorbutic properties of preserved meats, milk, and vegetables, it is useless for me to enlarge; every medical officer who has been in charge of a large body of men on a long voyage can testify as to their inefficacy; and this undoubtedly is owing to the protracted boiling meats, vegetables, &c., are subjected to in the process of preservation and after-cooking, their albuminous substances by such means being rendered totally inert.

The backwoodsman of Canada has to work hard, and subsist on boiled potatoes, biscuit, and salt meat, all not of the best description. The protein waste of the tissues of their frames is greater than the salt pork, the boiled potatoes, and the old gluten biscuit can supply, and scurvy in consequence is frequently rife amongst them. Their infallible cure for the disease is eating the potato raw instead of boiled. For a similar reason milk, preserved on Appert's principle, is almost totally useless. Children fed on it for some weeks actually loathe its taste; for the cause of this, and the method adopted for its primary and secondary preservation, I must refer my readers to Hassall's "Food and its Adulterations," p. 434.

There are many incidents connected with the early history of scurvy, and its occurrences on land, that I could produce to strengthen my argument, but as that seems to me superfluous, and I fear I have already occupied too much space, I shall conclude these remarks by surmising that the only link now required in this chain of assertions to convert them into a reality is a thorough chemical investigation of the nervous, muscular, and albuminoid tissues of those who have died of scurvy, for a deficiency of protein compounds, and an analysis of the urine of scorbutic patients for the absence of urea. I certainly could not detect urea in the urine of fourteen such cases, (not complicated with Bright's disease,) and little, if any, protein compounds in the articles of ship's diet specified. Owing to unavoidable circumstances, my investigations were too imperfect to be worthy of remark.

Quebec, Dec. 1862.

HOSPITAL CHANGES IN PARIS.—It will be remembered that hospital physicians must, in Paris retire at 65, and surgeons at 60. This regulation gives rise pretty often to promotion among the staff of hospitals. The latter is elected by competition, the successful candidates forming, at the central nosocomial office, a nucleus of officers ready to act as substitutes, or take vacant places. They are besides busily engaged, several hours a day, in admitting for the different hospitals, patients who apply, as they are expected to do, at the central office. The latest changes have been caused by the resignation of M. Malgaigne, at the Charité, and the retirement, in virtue of the above mentioned regulation, of M. Gibert, at St. Louis. M. Malgaigne's resignation has taken everyone by surprise, and is universally regretted.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

HYSTERICAL PARAPLEGIA FOR TWELVE MONTHS; GOOD EFFECTS OF ELECTRO-GALVANISM AND FRICTIONAL ELECTRICITY.

(Under the care of Dr. GULL.)

Two very important manifestations of cerebro-spinal disease were simulated by hysteria in the following cases—namely, paraplegia and hemiplegia. The distinctive differences between the hysteria and the graver malady will be apparent from the history and progress of each case. Very good results were obtained from electro galvanism in the first case, the notes of which were taken by Mr. W. Frank Smith, clinical clerk.

Matilda B——, aged seventeen, living in Shoreditch, was admitted Jan. 29th, 1862. She has no brothers or sisters. At the time of the accession of the symptoms with which the paraplegia commenced, she lived at home without any fixed employment. She had had, she said, good health, but had not menstruated up to the present time. There is no evidence of her having been exposed to wet and cold; but about a year before the paraplegia she fell down a flight of stairs and bruised her back. The accident, however, did not prevent her going about as usual next day. Twelve months before admission the patient became suddenly insensible while lying awake in bed, about nine o'clock at night, and was found in this condition by her mother. The absolute unconsciousness lasted about two hours, and during that time the mother supposed her dead. On returning to consciousness, she found she could not move her arms or her legs, and had lost sensation over her whole body up to the neck. She has regained feeling and motion in her arms, so that she can work with her needle. She has never lost power over her sphincters. She is a stout, well-nourished girl, with coarse and heavy features; pulse 80, weak and regular. The power of motion is impaired equally in each leg, which she can raise to the extent of two or three inches. Loss of sensation is well marked from the feet to the upper thirds of the thighs; within these limits a severe prick is unfelt. Above this, sensibility increases up to the hips, where it is normal. The urine is natural.

Jan. 31st.—The passage of the electro-magnetic fluid along the course of the extensor muscles of the leg produced contractions of the muscles when the intensity of the current was great, and she could feel the effects; but though the current was increased to its fullest strength, it seemed to cause her no pain.

Next day, with the assistance of the nurse, she managed to walk as far as the electrifying room, dragging both legs after her as she went along. Frictional electricity was employed along the spine. The arms were as sensitive to the influence of the coil-machine as in a healthy person, but not so the legs.

Feb. 5th.—The catamenia appeared last night for the first time, and continued quite normal to the 7th, when sensation became normal everywhere, but she could not stand alone.

10th.—Frictional electricity was applied along the spine for fifteen minutes, so as to produce slight redness. This was repeated on the 14th.

From this time the patient remained in the ward as much a helper as a patient. She was not electrified for the next two weeks in consequence of the machine being broken.

March 3rd.—She assists in scrubbing the floors of the ward; but she still walks with great difficulty, dragging her legs after her. The frictional electricity was resumed to day.

6th.—She felt very miserable this morning on rising, and took to her bed; complains of headache; is rather hot and feverish; pulse 84.

26th.—Continues much in the same state; the catamenia did not recur; the bowels were kept open by hellebore purgatives daily, and electricity was regularly used.

27th.—Pain in the cardiac region; faintness and loss of appetite since yesterday. The heart sounds are quite clear and normal. It is now seven weeks since she menstruated.

April 29th.—Much the same as during the last four weeks—i. e., with improved powers of walking

May 14th.—She seems almost well; but she will not admit it, nor will she do any work whatever. She can walk quite well, and was discharged.

HYSTERICAL HEMIPLEGIA AND AMAUROSIS; TREATMENT SATISFACTORY FOR A TIME ONLY.

(Under the care of Dr. GULL.)

The following case is partly condensed from the notes of Mr. John Henry Evans, clinical clerk.

Jane H. G——, aged thirty-one, a governess, was admitted on the 11th of March, 1862. Her paternal uncle, her cousin, and her father are reported to have died of epilepsy. She has always been very delicate. Six months ago she became much worse, having great pain in the left side of the chest, pains in the head and back, &c., and has been confined to her bed ever since. Has menstruated regularly, missing only December last. Shortly after the period she missed, she was suddenly seized, after numbness of the part of one day's duration, with paralysis (?) of the whole of the left side. At the time, the face was drawn to one side (?), but from this she speedily recovered. The face has since frequently been affected with convulsive twitches, both sides being equally so. She was, at the onset of the palsy (?), speechless for two days, and deaf for a fortnight. Then she also lost her sight, and has ever since been amaurotic. She has not been able to use the arm or leg of the affected side, and sensation has gone, but at times she does feel imperfectly. She never passed her motions unconsciously, but ever since the commencement of her illness she has had great difficulty in voiding her urine. Her mother states that she was "senseless" for some time after Christmas, and that on the 7th inst. she had a severe epileptic seizure, biting her tongue, &c. Has had for five months a hard swelling in the left side of the abdomen. This was very tender. A month ago it entirely left, two days after the administration of chloroform, and the pain was very much relieved. Sometimes she cries violently, tearing her hair, &c., without any apparent cause. Has not had any bed sores. Has been treated by leeching, and blisters have been applied to the whole of the spine, but without any benefit whatever.

State on admission.—She is a very nervous person; starts when first spoken to or touched. In conversation she is perfectly rational. Complains of constant "thumping" pain in the top of the head and towards the occiput; also of soreness, and sometimes "shooting" pain, under both eyes, about the situation of the infra-orbital foramina. She has constant, occasionally acute, pain in the left side of the chest, below the mamma, where there is tenderness on superficial and deep pressure. This pain sometimes "catches her breath." Has pain, as of a bruise, in the lower part of the back, and tenderness down the whole spine. Is quite blind, and cannot even distinguish light from darkness; pupils of normal size, and respond to the stimulus of light. The left arm is fixed to the side, and the forearm at about a right angle to the arm; the hand and fingers are firmly flexed. On measuring the forearm about three inches below the external condyle of the humerus, it is found that the left is about half an inch greater in circumference than that of the opposite side. The left leg is forcibly bent on the thigh, the foot on the leg, and the toes much contracted. This leg, four inches below the head of the fibula, measures fully half an inch less than the right. In the arm and leg there is complete loss of electro-sensibility, but the contractility is about equal on either side. Occasionally she has numbness of the right leg and foot, but now there is hyperæsthesia. Great tenderness of abdomen. The tongue is protruded towards the right side. Sense of taste perfect. Urine very abundant; of a light straw colour; specific gravity 1005; contains no albumen. Appetite bad; bowels confined.

March 14th.—Under the use of chloroform the arm and leg became quite flaccid; when recovering from this, and before she was conscious, she threw her arms about with great violence. Ordered, tincture of aloes, twenty minims, in camphor mixture, thrice a day.

17th.—Sobbing. Complains of pain in the abdomen; has great tympanitis. The compound tincture of aloes was ordered, one drachm three times a day.

19th.—Smarting pain in the eyes; saw some bright specks

passing before her last night; fancies it is not now quite so dark. Has not so much pain in the abdomen and side. She feels altogether rather better. There is considerable difficulty in micturition.

21st.—Says she can now distinguish light; can move the arm much better.

July 2nd.—Is in considerable pain and very restless. Has the left leg in a splint.

9th.—Shower bath ordered every morning.

10th.—Splint removed, when the leg returned to its original contracted position, with considerable pain in the popliteal space on attempting to move it.

14th.—Too ill to have the bath. Great pain in the head; is irritable in the extreme.

She remained under various kinds of treatment till August 26th, when she left to go to Dover, unrelieved.

ST. BARTHOLOMEW'S HOSPITAL.

EMBOLISM FROM ENDOCARDITIS, PRODUCING MORTIFICATION OF THE TOES, REQUIRING THREE DIFFERENT AMPUTATIONS IN THE LEFT LEG; RECOVERY.

(Under the care of Mr. LAWRENCE and the late Dr. HUE.)

A CASE of some interest from the history in connexion with it, was lately admitted into this hospital.

The patient was a stout and remarkably muscular young man, with an ulcerated stump of the lower third of the left leg, and purple-reddish discoloration, from feebleness of the cutaneous circulation. Several years ago he was a patient under the late Dr. Hue, for endocarditis and pericarditis, whether resulting from rheumatism we are unable to say, but most probably it was so. Whilst under treatment all the toes of his left foot began to mortify, and he was transferred to Mr. Lawrence's ward on the same floor. When seen by him, the patient was in a dying state, almost pulseless at the wrist, and not expected to survive many hours. Mr. Lawrence remarked at the time that he was much astonished his colleague, Dr. Hue, should transfer to him a dying man. Notwithstanding this, he ordered stimulants, and as the patient had naturally a very good constitution he actually recovered. Four days after the occurrence of the transfer, Dr. Hue knocked at the door of the ward to inquire on what day the patient had died, and, to his surprise, learned that he was fast recovering. A few days later, Mr. Coote amputated the remains of the mortified toes at their junction with the tarsus; the stump healed up, and the man made a tolerably good recovery. The heart symptoms got better, and the effused lymphy products were absorbed.

A short time after, the patient was readmitted for disease of the stump, and it was deemed necessary to amputate through the lower third of the leg; and after the second stump had healed the patient again left the hospital. With his second stump he was enabled to get about for a few years; but it was always tender about the skin, and finally ulcerated in circular patches here and there, which caused him much misery. He therefore entered the hospital a third time, and urgently requested Mr. Lawrence to remove the affected part, which he did on the 10th instant, under chloroform, at the upper third of the leg. After the operation the above particulars were related by Mr. Lawrence, who dwelt upon them at some length. For the present the patient is going on well, and it is to be hoped he may be more fortunate after his third amputation.

The case is instructive as showing the persistent feebleness of the circulation in a limb when some of its arterial vessels have been obliterated, as must have occurred in the beginning in this instance. The healthy vitality of the flaps of the stump would necessarily become much impaired under such circumstances.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

OLD INJURY OF RIGHT EYE; SYMPATHETIC OPHTHALMITIS OF LEFT; LOSS OF VISION; REMOVAL OF RIGHT EYE; IMPROVEMENT OF VISION.

(Under the care of Mr. ERNEST HART.)

THE attention of ophthalmologists has recently been much drawn towards the observation of sympathetic affections of the eye, depending upon irritation of its fellow. There are certain classes of affections in which this sympathetic character is observable, and a knowledge of this tendency of the eye to be affected by the condition of its fellow has suggested a practice in respect to cases of the kind of which the good results are very marked. The following case is an example:—

A. C——, a female of middle age, pale, feeble, and ill-nourished, was admitted under charge of Mr. Ernest Hart, having presented herself complaining of decay of vision in the left eye. The sight of the right eye had been destroyed long since by an injury, which had left it totally dark. The left eye, of which the vision had for some time been gradually fading without apparent cause, had never received any injury. On inspection, it was observable that the cornea had lost its polish, that opaque spots were spreading over it, and there was a trace of commencing ulceration on the surface. There was very little inflammatory redness or hardening of the ball. There had not been any violent pains or inflammatory attack, nor was there marked photophobia. The combination of these negative and positive symptoms pointed to the probability of the affection being sympathetic with irritation of the ball of the right and useless eye. On investigation, this proved to be the case. That globe was hard, tense, and painful when pressed lightly; she suffered darting pains in it, especially at night. When it was represented to her that in this disabled organ lay the source of the suffering in that which had been her useful eye, she readily consented to its extirpation.

Mr. Hart removed the eyeball on Wednesday, Jan. 2nd, employing a modification of Bonnet's operation, and dispensing with the blunt hook for separate division of the muscles, the operation being thus more rapidly and as conveniently effected. On the following day the relief consequent upon the removal of the source of irritation was marked. The pains in the left eye had ceased. The right orbit was treated simply with cold-water dressing, and syringed twice daily with a detergent lotion, consisting of one drachm of the liquor sodæ chlorinatæ to half a pint of water.

The improvement in vision of the left eye after fourteen days is very considerable. The patient is leaving the hospital this week, convalescent, and with an artificial eye, which is of course far more sightly and not at all more useless than the visionless globe which previously occupied the orbit.

The muscular tissues left in the orbit by operations such as that performed by Mr. Hart afford a movable stump on which the thin concavo-convex mask called an artificial eye fits admirably, and follows every movement of its fellow. This consentaneous movement of the artificial with the natural eye aids greatly in the mystifications which so frequently arise out of the adaptation of the capital imitations of nature with which the patients are supplied. The question arises, at what time after the operation can the ocular mask be most advantageously fitted? Mr. Hart observes that when, from circumstances, it is in any way desirable, the adaptation of the eye may often be made very early; and he has fitted one in four days and a half after the operation, so as to be worn without discomfort for the few hours that it was necessary. Frequently it may be applied so early as the sixth or seventh day: for the operation of extirpation so performed as to be limited to the removal of the ball, and leaving the muscular, cellular, and other contents of the orbit, is productive of little or no constitutional disturbance, and inflicts a local injury far less important than might be supposed. It is not desirable to defer fitting in the ocular mask too long; for the surrounding parts tend to shrink and alter in shape, unless properly supported. On the other hand, where healing does not take place rapidly and kindly, or where any degree of suppuration persists, it is injudicious to hurry this step; and usually ten or more days may elapse before the artificial eye is introduced. It should not at first be worn for many hours together, and should be removed for the purpose of cleansing secretions which may have accumulated behind it. This is easily effected by lifting the lower edge with the blunt end of a bodkin or the solid head of a pin, when the mask slips out. When *in situ*, it is retained by the circular pressure of the orbicular muscles of the eyelids.

ROYAL LONDON OPHTHALMIC HOSPITAL.

SYMPATHETIC INFLAMMATION OF ONE EYE FOLLOWING A SEVERE INJURY TO THE OTHER; EXTIRPATION OF THE INJURED EYE; GOOD RESULTS.

(Under the care of Mr. LAWSON.)

THE following case is likewise a good illustration of sympathetic inflammation of the eye. In this patient the wound

extended across the cornea, and involved at either of its extremities a portion of the ciliary region—a part of the eye which, when wounded, is peculiarly liable to give rise to this special inflammation in the other eye. In the very early stages of this affection, it may often be successfully treated by immediately getting rid of the source of irritation; but if the operation is delayed, and sympathetic inflammation has thoroughly invaded the other eye, even the removal of the injured one will fail to arrest the progress of the disease which it had originally started. In no disease is a decided course of action more urgently called for than in this, for delay is not only dangerous, but often fatal to the vision of the remaining eye. The removal of the lost and injured eye in this case was followed by the most marked improvement, and the sympathetic inflammation, which had been going on for nearly a fortnight, was speedily arrested; but the eye still continues slightly irritable, and perfect rest for some time is urgently demanded. The pupil, however, now acts well, and the patient is able clearly to define the outline of objects and to see them steadily.

R. M——, aged thirty-five, a shipwright, applied to the hospital on the 6th of December last. His history was as follows:—Five weeks ago, whilst working in the hold of a ship, a man on the opposite side thrust an augur with great force through a small hole, not knowing that anyone was near, and it struck him full on the left eye, causing a severe contused and penetrating wound. The wound was a jagged one, and extended from the upper to the lower margin of the cornea, involving the ciliary region at its upper and lower edge. Immediately after the accident, he was quite blind with that eye. For the next two or three days he suffered so severely as to prevent his obtaining sleep; and for the three following weeks he experienced considerable pain in the head, around the eye, and in the eye itself. The eye is a lost one, and is now giving rise to the following symptoms in the other:—About a fortnight ago he noticed that the objects he looked at danced as it were before him, like, he said, shadows on a sunny day; that when he attempted to seize anything he missed his aim, and it required a concentrated effort to catch hold of a small object at an arm's length. His sight was misty, and the outline of bodies indistinct. He had some lachrymation, and pain of a dull, aching character in that eye, corresponding, he says, in situation to the wound in the injured one, where there is still at times a shooting pain. The pupil is rather contracted, and its range of action limited. The whole globe looks pink, and there is a distinct ciliary zone. Under these circumstances, Mr. Lawson at once admitted the patient into the hospital, and extirpated the lost and injured eye.

Dec. 9th.—The man is quite free from pain, and able to be about. He has suffered no inconvenience whatever from the operation. The right eye is very decidedly improved; and although still rather irritable, the pupil is active, and his power of defining much increased. He continued to improve, and in a few days left the hospital wearing a glass eye.

WEST LONDON HOSPITAL.

CUTANEOUS ERUPTION IN AN INFANT, SUPPOSED TO BE FROM HEREDITARY SYPHILIS; CURE, CHIEFLY THROUGH MEDICATION OF THE BREAST-MILK OF THE MOTHER.

(Under the care of Dr. GIBB.)

WHEN an infant is affected with a suspicious-looking eruption, and the mother (who may be a perfectly truthful person) states that there has never been any irregularity in herself, or noticed on the part of her husband, some difficulty is presented in the diagnosis, and collateral circumstances must be taken into consideration to enable a correct conclusion to be arrived at. The belief was entertained in the following case that a syphilitic taint existed—not on the part of the mother, however; and the necessary treatment pursued ended in the cure of a malady which had proved fatal to two other children of the same parents.

Ellen T——, a plump, well-developed infant, ten weeks old, was brought to the hospital on the 3rd of November by her mother, who seemed to be a healthy, well-nourished young woman, with a waxy style of countenance and lymphatic temperament, enjoying apparently a good constitution. The mother stated that she had had four children, the eldest of whom (aged four years and a half) was alive and hearty, and had never been ill with eruption or other sickness. Her second and third children died respectively at the ages of fourteen and seventeen weeks; both had had an eruption of a dark colour scattered about their bodies, which came on after birth; they pined away, and, notwithstanding treatment, succumbed to their malady. She was therefore anxious about her fourth child, who, she said, was affected exactly like the others. The trunk was covered here and there with dark patches, of a copper colour, and slightly scaly in some parts, especially upon the anterior part of the chest. Spots, smaller and more isolated, were noticed on some of the limbs, and they much resembled the well-known papular eruption of secondary syphilis. The child likewise had the snuffles, and had great difficulty in taking the breast in consequence. On inquiry, the mother stated that there had never been anything in her husband or herself of a suspicious character, and that they were always in good health. There was no reason to doubt her statement, yet the inference seemed strong that there might be a taint on the part of the father, even before marriage. In accordance with this view, Dr. Gibb prescribed a grain of calomel and a scruple of powdered white sugar, to be divided into twelve powders, one of which was to be taken by the infant three times a day; and the mother was ordered a mixture containing small doses of the iodide of potassium and tincture of iodine and henbane thrice a day, with the view of medicating the breast-milk to be swallowed by the child, and thus avoiding any irritation which it might otherwise have produced.

When brought to the hospital on the 10th, there was a remarkable improvement. The eruption was already fading, being not nearly so dark in colour; it was beginning to diminish, especially on the body. The snuffling was still present. The treatment was persevered in.

Nov. 24th.—The eruption over the body is quite gone; there is a mere trace of it on the face. The snuffles continue to be inconvenient, especially during sucking.

Dec. 22nd.—The snuffles have been rather persistent, but now are much diminished; the face is a little red around the nose; the child sucks better, and the bowels are a little relaxed.

A week later the redness had wholly disappeared, and the snuffles were quite gone. The child was cured, and has remained well.

KING'S COLLEGE HOSPITAL.

RECURRENT LABIAL AND MENTAL CARCINOMA; RESECTION.

(Under the care of Mr. HENRY SMITH.)

THE rapidity with which carcinoma of the lip and chin may recur after previous removal is well exemplified in a case at the present time in King's College Hospital in a male patient, aged sixty-three, under Mr. Smith's care. In the latter part of the month of last September he was admitted with carcinoma of the right side of the lower lip and of the lower part of the chin of twelve months' duration. The affected parts were removed by Mr. Smith; the wounds readily healed, and he left the hospital.

A short time after a nodule began to form in the site of the old labial disease, between the mucous membrane and the skin. It enlarged, but did not penetrate through either. The disease also recurred in its old situation in the chin, and then ulcerated, with the formation of an unhealthy-looking deep sore. This rapid recurrence had taken place within two months after removal.

On the 10th inst., Mr. Smith again excised the disease in both places, bringing the margins of the wound together in the under lip by means of hare-lip pins. The patient is progressing favourably; but it will be interesting to watch how soon recurrence will again take place.

INVALID AND LUNATIC SOLDIERS.—Under instructions received from the Horse Guards, soldiers are not to be removed to the Lunatic Asylum, or to the Invalid Depôt, at Chatham, without authority from the adjutant-general of the forces, applied for and received. A very strange and unnecessary interference, we think, with the medical officers attached to the forces. This example of an *imperium in imperio* must be subversive of the best interests of the soldiers. If the army medical officers are to be subjected to such kind of insults, it is difficult to believe that the army medical department can be recruited by men who have the slightest regard to the responsibilities of their profession.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, DECEMBER 15TH, 1862.

DR. SIBSON, F.R.S., PRESIDENT.

DR. GIBB read a paper entitled

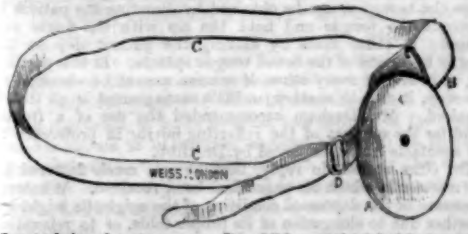
ILLUSTRATIONS OF THE PRACTICAL APPLICATION OF THE LARYNGOSCOPE,

of which the following is an abstract.

Dr. Gibb stated that he could in the present communication only give a general summary of the uses of the laryngoscope and rhinoscope, as the time allotted for reading it would not permit of more. The priority of discovery of the laryngoscope lay between our countrymen, Liston and Avery, the former of whom first announced the use of it in 1840 in his work on Practical Surgery; the latter never recorded his discovery, although it was known to many of his friends, who had seen him use his instrument. Garcia worked with it in 1855, physiologically in relation to the voice. In 1857, Dr. Turck, of Vienna, employed it in the General Hospital, and then abandoned its use, when it was resuscitated by Dr. Czermak. For the instrument in its perfection as now employed we were indebted to Czermak, who made use of artificial light by means of a large ophthalmoscopic mirror. He was also the inventor of rhinoscopy, and the first to practise autolaryngoscopy. The reflection of his tracheal bifurcation was the first seen by human eye, and that was his own at the commencement. Dr. Gibb had seen it in him a few times, and he (Czermak) had seen his. Dr. Gibb had also seen the bifurcation of the trachea in several healthy and diseased persons; and on one occasion two patients presented themselves, a male and female, in whom he saw it most distinctly and easily, one after the other. For many useful applications in connexion with the laryngoscope we were indebted to Czermak; these were referred to by Dr. Gibb, who, as an act of justice to the former, looked upon him as the father of laryngoscopy, for he not only perfected the laryngoscope, but succeeded more than any other in obtaining for it a universal public recognition.

Dr. Gibb then exhibited and described all the various laryngoscopes in use, with their modifications; and referred to some of his physiological diagrams, illustrating the application of the mirrors. He also explained the mode of use of the autolaryngoscope and rhinoscope, and showed how essential it was to have a good artificial light.

The annexed woodcut shows the handy and convenient laryngoscope prepared by Weiss and Son, and now almost generally employed, from the simplicity of its application by means of a band for the forehead:—



In studying laryngoscopy, Dr. Gibb mentioned the steps to be taken upon the dead, and, if they were found inconvenient, the plan to adopt in the living. By exciting a curiosity on the subject, he had examined parties of persons from three or four to twenty of both sexes, and of all ages; and thus he had seen upwards of 350 healthy throats, independently of those diseased. He had examined the larynx of very young children at the first sitting. In these healthy recreations, as he called them, some curious peculiarities often came to light; and a shrewd person could form an opinion in his own mind as to the capacity for singing or speaking possessed by certain individuals.

Turning to the pathological application of the laryngoscope, the author divided the throat into different regions for examination, wholly or in part, according to the structure involved, or the seat of any special lesion. They were—

1st. Varying states of congestion of the mucous membrane of the pharynx, larynx, and trachea. This may proceed to inflammation, acute or chronic, and involve the follicles; or they may become generally affected, and proceed to ulceration.

2nd. Different affections of the tonsils, uvula, and soft palate, which materially influence phonatic intonation, the integrity of all being necessary to perfect phonation.

3rd. Diseases of the epiglottis, as congestion, inflammation, ulceration, relaxation of its ligaments, congenital or acquired, attenuation, thickening, tumours, &c.

4th. Diseases of the arytenoid cartilages and aryteno-epiglottidean folds of mucous membrane—in themselves forming a distinct, numerous, and highly important class of affections. Invasion of these cartilages by disease causes more misery, suffering, and wretchedness than in any other part of the throat.

5th. Affections of the proper vocal apparatus—namely, the true and false vocal cords and their immediately contiguous parts. They are legion, and comprise ulceration, thinning, thickening, loss of nervous power, various forms of vascularity, extending to inflammation; warty and other growths; as well as other conditions producing aphonia, dysphonia, hoarseness, &c.

6th. Affections of the trachea and bronchial tubes, as ulceration, follicular disease, tumours, puckering of the membrane below origin of vocal cords, &c.

7th. Diseases of the nose and turbinated bones, in conjunction with the throat.

8th. Diseases of the hyoid bone, or its articulations with the cornua of the thyroid cartilage. These the author has shown in a special monograph to be numerous, important, and scarcely understood, or not at all recognised.

9th. Necrosis and other diseases of the larger laryngeal cartilages—viz., the cricoid and thyroid. They include calcareous and atheromatous changes, giving the voice a cranky, aged, or shaky-brassy sound.

The author said he could only dwell generally upon some of the foregoing, but he made some special observations upon the position and condition of the epiglottis. This latter had forced itself upon his attention because he had discovered that the cartilage took an oblique or nearly transverse direction, in place of the vertical, in about ten per cent. of mankind. The most serious mischief constantly occurred from this fact not being known; for sponge probangs were introduced, and instead of entering the larynx, forced the epiglottis still further backwards. Some of the severest forms of throat disease had come under his notice where this unhappy state had existed, and the patients were impressed with the idea that they must ultimately become suffocated. The remedy for this is to examine children with the laryngoscope to determine the position of the epiglottis, as a safeguard in the event of disease of the throat. Dr. Gibb examined a number of deaf and dumb children a few weeks back, and the per-centage of depressed epiglottis in them was about thirteen or fourteen.

The author related the particulars of two cases of this condition to show the symptoms; one was cured, the other not so. The first was a female, aged thirty-two, subject to sore-throat since childhood. Her present illness commenced eleven months ago with a feeling of choking, and ever after she felt as if there was something at the back of the throat. Besides other disease she was found to have the epiglottis thin, dry, and red, flattened out, and much depressed backwards. She had been seen by many others, but the true nature of her complaint was never suspected. Under treatment she was cured in two months; the suffocative feeling was the first to disappear. In the second case the disease was more exaggerated, and the patient (a lady) had been under almost everybody. Her throat, she said, had been burnt with all sorts of things, swabbed innumerable times, and her life was most miserable from constant distressing feelings of suffocation. Her health improved, her throat got better, but her epiglottis could be only partially raised. She left London for another climate to pass the winter.

The author said he could give dozens of similar instances to the foregoing. After dwelling upon other diseases of this cartilage, he referred to the practice of using the solid caustic, which he strongly condemned. Amongst his diagrams he pointed to one, where the epiglottis and portions of the larynx and pharynx were destroyed by it in a lady. The particulars of the case he related, and stated that the patient had much improved by treatment and her voice was returning.

Dr. Gibb related the particulars of another case, in which the epiglottis was wholly gone, as were the arytenoid cartilages, the aryteno-epiglottidean folds, vocal cords, and other structures, from phthisis. Five months ago he was apparently in the last crisis of pulmonary consumption, the symptoms then depending upon the destruction of the upper laryngeal struc-

tures. He has benefited by treatment, and is more comfortable and easy than he was. The patient who was the subject of all this he afterwards showed to the Fellows present; together with another, who had a great wound at the side of the larynx in the back of the throat, large enough to admit the finger, produced by the thrust of an instrument into the back of the throat by a surgeon three years before for probably an abscess there. The blade entered anterior to the right half of the epiglottis, extending into the root of the tongue for an equal distance to the right of the cartilage. The lesions in both patients were demonstrated with the laryngoscope. Such cases, the author remarked, were fortunately rare; and although many other severe cases of disease had come under his notice, very few equalled that in the first of these two patients.

Dr. Gibb concluded his paper by describing the numerous and large coloured diagrams, which covered one side of the meeting room. Each was the representation of what had come under his own notice, and the whole illustrated a few of the more important of his cases in hospital and private practice. They comprised six in which tumours or other growths had been absorbed or removed from the vocal cords, followed by cure; three of loss of the epiglottis; and numerous others showing deformities of the larynx, œdema of the glottis, perforating ulcer of the velum, tuberculous ulceration of the vocal cords, ulceration of the turbinated bones, depressed epiglottis, wounds of the cords and glottis, nutshell in the rima, inflammation, &c. &c.

Mr. STREETER said that, without being at all insensible to the merits of the paper or the industry of its author, he thought there existed a disposition to represent many things familiar to Englishmen as entirely originating with continental inquirers. The principle of the laryngoscope had been employed on his own throat, within a hundred yards of the Society's rooms, before the instrument had been named. Dr. R. Babington had examined his larynx with steel mirrors, previously warmed by hot water to prevent dimness from vapour-condensation, at least ten or twelve years ago. Mr. Streeter exhibited to the Society a throat-mirror of his own, made of highly-polished silvered metal (used for carriage-lamp reflectors). These, he said, admitted of being cut to any shape, or bent to any angle; could be carried loose in the pocket without fear of breaking; and need not cost more than sixpence.

Mr. JABEZ HOGG drew the attention of the Fellows to a set of instruments in his possession, made for the late Mr. John Avery, of the Charing-cross Hospital. He stated that Mr. Avery had, about the year 1842, constructed more than one form of laryngoscope, and was constantly using them on the patients at the hospital; and that it was to him we were really indebted for the earliest form of instrument deserving the name of laryngoscope, and improved means of making more accurate observations upon the throat as well as other closed passages. In 1850 he obtained the medal of the Society of Arts for an instrument nearly, if not quite, as perfect as that employed by Czermak. His first examinations were made with a slightly-bent polished metallic tube; but as this limited the view, he soon abandoned it for a polished mirror-like reflector, similar to the one now used, and for small metallic specula, made from solid lumps of metal. These answered admirably, and in some respects were superior to those made of glass, as they could be immersed in water of a high temperature without being damaged. Mr. Hogg handed one round for inspection, and also other specula contrived by Mr. Avery for examining the urethra and bladder. In the latter he expected to be able to see a stone if present; indeed, on one occasion he stated positively that he saw a stone in a bladder, and from which one was subsequently extracted. He also had others made for the ear, and one for operations on the vagina.

Dr. MORELL MACKENZIE said that the Society was greatly indebted to Dr. Gibb for his able and interesting paper. Whilst agreeing with Dr. Gibb in most of his observations, he thought that he attached too much importance to the epiglottis in regard to its vertical or horizontal position. He had frequently observed that in some cases the epiglottis hangs low, and thus prevents a proper inspection of the larynx. In reporting cases for the medical journals he had often referred to this condition of the epiglottis—a condition dependent on an undue length of the glosso-epiglottidean ligaments. When the ligaments passing between the tongue and the epiglottis were not of an abnormal length, the epiglottis was placed horizontally over the opening into the larynx, though even then it slanted somewhat, its posterior part hanging lower than its anterior. In those cases where the epiglottis hangs low, topical treatment can only be conducted in accordance with the supposed condition of the larynx, though the condition of the other parts might to a certain extent be inferred from that of the arytenoid cartilages, which were generally visible even when the epiglottis inclines towards the vertical position. He had contrived an instrument (the epiglottidean retractor) for raising the epiglottis in these cases; but it had caused so much irritation that he had abandoned its use. Most of the cases Dr. Gibb had related were interesting, some from their scientific value, some from their practical importance. With regard to the cases of congenital malformation of the larynx in the deaf and dumb, Dr. Mackenzie believed that these were exceptional instances, and that malformations of the throat would be rarely found to exist in persons of this class. Through the courtesy of Dr. Down, the superintendent of the Earlswood Idiot Asylum, he had last summer examined twenty patients, all affected with peculiarities as regards the voice. Some could not produce any sound at all, whilst others only produced harsh noises, and were unable to articulate. Though these patients could hear well, and where therefore all the more deformity in the larynx might have been *à priori* anticipated, no malformation was found. Such being the case, Dr. Mackenzie did not believe that in the deaf and dumb, where there was often a defect in the aural apparatus, congenital malformations in the larynx would often be found. With regard to ulceration of the aryteno-epiglottidean folds, Dr. Mackenzie said that the symptoms—vomiting, great pain, &c.—which Dr. Gibb referred to disease of those parts, he had himself observed in these cases. Dr. Lewin, of Berlin, had pointed out the fact eighteen months ago. The lateness of the hour prevented him from touching on other points in Dr. Gibb's valuable paper, which were well worthy of investigation.

Dr. SYMES THOMPSON inquired whether, in cases where the epiglottis occupied a pendant or horizontal position, it was possible to use an instrument to draw it upwards so as to obtain a view of the interior of the larynx.

Mr. TOMPSON would wish to know, if the probang was objected to, what means Dr. Gibb employed in place of it.

Mr. DURHAM said he considered that the thanks not only of the Society but of the profession at large were due to Dr. Gibb for the manner in which he had practically demonstrated the utility of the laryngoscope. From his own experience, he (Mr. Durham) was convinced that the difficulties of laryngoscopy had been very much exaggerated. Those suffering from laryngeal affections were by no means the worst subjects for examination. A moderate amount of patience and self-control on the part of the patient, and some practice on the part of the operator, would ensure success in almost every case. His observations confirmed those of Dr. Gibb respecting the abnormal conditions of the larynges of deaf-mutes. He believed, however, that the variations in the degree of obliquity of the epiglottis in different subjects, upon which Dr. Gibb had so much insisted, depended very much upon the position and movements of the connected parts. The epiglottis in every favourable subject can be seen to be more or less inclined according to the positions of the tongue and larynx. In some cases the best view can be obtained by directing the patient to protrude the tongue and hold the tip with the finger and thumb; in other cases by making the patient depress the tongue by means of the broad tongue spatula. In this particular, as in almost every other, if success cannot be obtained in one way, it may in another; a little management is all that is required. Mr. Durham recommended the use of a frontal band for the support of the reflecting mirror in preference to the spectacle frame employed by Dr. Gibb.

Dr. GIBB stated, in reply, that he was much flattered by the manner in which his paper had been received. Whatever the cause of the depressed condition of the epiglottis might be, whether due to elongation of its proper folds, or to relaxation or elongation of its ligament, either congenital or acquired, it was one of the difficulties to be overcome in treating diseases of the larynx; for sometimes the interior could not be seen, although in his own, he might say, large experience, such cases were rare, owing to the means which he adopted to obviate it. A depressed epiglottis did not depend upon the position of the tongue or larynx, as Mr. Durham supposed. The extreme sensibility of the posterior surface of the cartilage was a complete barrier at present against the employment of any instrument to hold it upwards, as experience had already shown him. Dr. Mackenzie's cases at the Earlswood Asylum were, he observed, idiots, and not deaf and dumb; it could hardly be expected that malformations should be found in them. Since his (Dr. Gibb's) cases had been published, he had met with some other instances of malformation in the deaf and dumb, although he acknowledged they were comparatively rare under any circumstances. He did not object to the use of the pro-

bang, but to its employment indiscriminately—without determining whether it could enter the larynx by observing with the laryngoscope the position of the epiglottis. He usually employed a curved soft camel's-hair brush, in preference to the sponge, in the great majority of his cases.

Reviews and Notices of Books.

A System of Surgery, Theoretical and Practical, in Treatises by various Authors. Edited by T. HOLMES, M.A. Cantab., Assistant-Surgeon to St. George's Hospital, &c. In Four Volumes. Vol. III.: Operative Surgery; Diseases of the Organs of Special Sense; Respiration; Circulation; Locomotion; and Innervation. London: Parker, Son, and Bourn. 1862.

WITH unusual and commendable punctuality the Third Volume of this "System of Surgery" has been given to the world in rapid succession to its predecessors; and very soon the fourth and concluding volume may be expected. In a work of such considerable extent, and collaborated by so many authors, this punctuality is a feature of publication as rare as it is important. Too many of such cyclopædic works have, like that celebrated one of Todd and Bowman, dragged their slow development through a series of years, so that the first parts were out of date when the last were issued from the press.

The present volume includes treatises on Operative Surgery, by Thomas Smith, Esq.; Amputation and Anæsthetics, by Joseph Lister, Esq.; Plastic Surgery, by Holmes Coote, Esq.; Diseases of the Ear, by James Hinton, Esq.; Diseases of the Nose, by A. Ure, Esq.; Surgical Diseases of the Air-Passages, by the late Henry Gray, Esq.; the Laryngoscope, by A. E. Durham, Esq.; Diseases of the Absorbent System, by C. H. Moore, Esq.; Diseases of the Veins, by G. W. Callender, Esq.; Diseases of the Arteries (Atheroma and Obstruction), by C. H. Moore, Esq.; Aneurism, by T. Holmes, Esq., and Ernest Hart, Esq.; Affections of the Muscular System, by T. Tatum, Esq.; Orthopædic Surgery, by Dr. Little; Diseases of the Bones, by T. Holmes, Esq.; Diseases of the Joints, by Athol A. Johnson, Esq.; Excision of the Bones and Joints, by T. Holmes, Esq.; Diseases of the Spine, by A. Shaw, Esq.; Diseases of the Nerves, by C. E. Brown-Séquard, M.D.; and Diseases of the Tongue, by Holmes Coote, Esq.

The enumeration of the treatises, and the names of the surgical writers from whose pens they proceed, suffice to show that this is no ordinary book, and that in the thousand pages of this goodly volume lies a store of information such as no other surgical work in the language can pretend to offer. Those who are acquainted with the special researches and publications of the respective authors will not fail to notice that, by a judicious exercise of editorial discretion, each subject has been entrusted, as far as possible, to a surgeon of the hospitals who is known to have given especial attention to it, and to possess facilities for summing up with authority the accepted opinions of the day, and adding original matter to the stock. These tasks have been accomplished with unequal success by the authors.

The most numerous and most valuable contributions to the volume are undoubtedly those of Mr. Holmes. Hitherto, Mr. Holmes has been reputed as a surgical writer rather from the favourable impression produced by the manifest honesty and clearness of his few papers and essays than from any elaborate or remarkable productions, and some surprise has been expressed at the responsible duty entrusted to him of apportioning, collating, and editing this extensive cyclopædia of surgery by the most eminent surgeons of the country; but by his singularly able contributions to the present volume, Mr. Holmes has justified his claim to this important position.

The subject of Surgical Aneurism is one of the highest and most difficult in the range of the surgeon's art, and where Hunter, Wardrop, Hodgson, Bellingham, Tuffnell, and Erichsen have already so greatly distinguished themselves, it is no small praise for any new writer to improve; but it is impossible to compare this treatise in the "System" with any other existing work without perceiving that every page bears the impress of an improved pathology and advanced method of treatment. It is at once more practical, more philosophic, and more complete than the voluminous recent work of the French surgeon, Broca, on the subject. The sections on the pathology of aneurism, its spontaneous cure, and the study of the modes of spontaneous cure as the key to success in treatment, are models of style, thought, and original deduction from a large mass of condensed information. The following passages may challenge comparison with the best passages of Watson or Paget for sober eloquence and philosophic truth. They are in every respect remarkable, and well deserve quotation:—

"The surgical treatment of aneurism, as far as it is successful and rational, is merely an artificial imitation of these processes. The treatment most in use in the present day, that by compression of the artery above the tumour, has no other aim than to imitate nature in the first of the processes described above, so as to slacken the circulation through the aneurism and allow the blood in it an opportunity of coagulation. The Hunterian operation has essentially the same object, although it accomplishes it in a somewhat different way, and by obliterating a portion of the artery above the tumour puts a more decided, but at the same time more temporary, check on the current of blood. The cure by flexion (Mr. Hart's method) aims at combining this first process with the second, in which aneurism is compressed by the parts around it, and itself (perhaps) compresses the vessel. Mr. Fergusson's plan of manipulation, or crushing, is derived from observation of cases in which the natural cure was effected, or attempted, by the impaction of a clot in the artery leaving the sac. Brasdor's method, so far as it is justifiable at all in practice—*i. e.*, with the modifications hereafter to be described, is identical with this in its object, and rests upon the same pathological basis. Direct pressure appears to cure aneurism usually by displacing portions of the clot, and may perhaps sometimes act by setting up inflammation in the sac or parts around it, which leads to coagulation. Finally, the old method, by opening the sac and tying both ends of the artery, bears the strongest analogy to the cure by suppuration, and is, in fact, a kind of excision of the tumour.

"The methods of spontaneous cure have been dwelt upon at this length with the view of impressing upon the mind of the reader that all successful plans of treatment are successful from being imitations (whether designed or fortuitous) of these natural processes, in the hope that this fact may lead practitioners to a more careful study of the workings of nature in this particular, and the conditions under which she works. Such a study, carried on by various observers, could hardly fail to be fruitful in results which would lead to the preservation of numerous lives that would be sacrificed to the idea that internal aneurism is a disease almost necessarily fatal. What else is it than the careful study of the natural process of cure that led Hunter to his brilliant and daring proposal of tying the artery away from the seat of the disease? What else led the Irish surgeons to see that compression, in order to imitate nature, need not suspend the circulation entirely, need not even act continuously; and thus to substitute for the intolerable torture inflicted by the old plan of compression a treatment which in ordinary cases is harmless, and in a few absolutely painless? Let us remember how comparatively short a time it is since one of the most celebrated surgeons of his time* announced his preference for amputation over all other methods of treating popliteal aneurism. Let us not forget that one of our most justly valued living authors on this subject† was so satisfied with the advance which had been made at the time he was writing, as to express his opinion that 'the improvements that had been effected in the mode of applying the ligature to arteries have brought the surgical treatment of aneurism to a degree of perfection which leaves but little room for advancement.' Nor was such an appreciation of modern surgery at all exaggerated or unreasonable to those who looked at it, as Mr. Hodgson did, by comparison with the mortality after the old operation. In our time surgery has made such rapid advances, that the mortality, which under the system praised by Mr.

* "Putt, Chirurg. Works, vol. iii. p. 229."
† "Hodgson, op. cit., p. 190."

Hodgson must have amounted to a large percentage of those operated on,* is now very much reduced by the invention of instrumental compression, and even this will, no doubt, soon be further reduced by the more frequent use of flexion and digital pressure. So it may be in medical practice. At the present day, it is hardly too much to say that a patient with internal aneurism is condemned to death as certainly as one with external aneurism used to be to amputation. A century hence, we may hope, our descendants will have as solid reason to boast of their improvement upon the science of Watson and Latham as we have to congratulate ourselves on our advance upon the doctrines of Pott."

Rarely have so much erudition, eloquence, and practical ability been combined, as in the essay of which this admirable passage forms a part: it will place the writer high among the best surgical authors of his time. His essays on the Diseases of Bones and on Resections are not equal to it in sustained power, although full, sensible, reliable as guides, and displaying much of the wide grasp of thought and comprehensive logic which distinguish that on Aneurism (evidently the subject of the author's predilection and successful devotion).

Mr. Joseph Lister, the Professor of Surgery of the University of Glasgow, is another writer whom this volume will introduce to a number of English readers who have hitherto known him only as the able co-operator in Mr. Syme's most brilliant feats of surgery, and the main author of our present theory of inflammation. Mr. Lister was, we believe, born and educated on this side the Tweed, although settled northward; and we are glad to welcome in him a careful, well-informed, and original writer on some very important topics. Mr. Lister has undertaken the subject of Anæsthetics, and treats it with originality. As a practical surgeon should do in the present state of our knowledge, he confines himself chiefly to the subject of chloroform. He dwells on the advantages of chloroform in lessening shock and secondary hæmorrhage. He regrets that it should ever be withheld; and adds—"Judging from my own experience, I should say that it tends rather to remove intermission or irregularity of the pulse; and on the whole, I believe that chloroform, by preventing shock and mental effort during the operation and anxiety before it, is in reality a great source of safety in heart-disease." Mr. Syme has given chloroform about five thousand times without ever meeting with a death. Dr. Snow gave chloroform in above four thousand cases, of which only one was fatal, and that seemed to be so independently of the chloroform. Mr. Lister does not, however, attribute to Snow's inhaler any superiority over the cloth as a means of administration; stating that he has satisfied himself by an experiment, which he details, that so far from the amount of chloroform given off from the cloth being in dangerous proportion to the air inhaled, the whole quantity which evaporates from the under-surface, even when the rate is most rapid—namely, just after the liquid has been poured upon it—is below Dr. Snow's limit of perfect security against primary failure of the heart. Mr. Lister fails to take into consideration the very clumsy manner in which the cloth is frequently used, so as to prevent free access of air to the patient; and since he admits (at p. 98) that "any apparatus which has the effect of preventing the free access of the atmosphere must be liable to operate in a deadly manner," he states the case against the use of the cloth as often employed in language which we adopt as being expressively emphatic.

The article on Amputations, by the same author, is very satisfactory. The best procedures are described concisely and well, without the affected enumeration of half a dozen plans for each operation, which disfigures so many treatises, and which, for the most part, only serves to display the erudition of the author at the expense of his readers' patience. Few people now desire to know how many methods have been devised and employed for each amputation, but which are the two or three most serviceable, and how they are best performed. This is exactly what Mr. Lister tells very plainly, and with the excellent judgment of an accomplished and experienced operator.

Mr. Thomas Smith takes the department of Minor Surgery. We have had prior occasion to commend his skill in clearly describing this subject in a separate work especially devoted to it, and in the present treatise he has not fallen short of his earlier performance.

Mr. Callender, Assistant-Surgeon of St. Bartholomew's Hospital, takes up a subject which has engaged but little attention among English surgical authors in his Essay on Diseases of the Veins. He reviews the whole of the information which we possess on the subject with searching ability, and adds much to our reliable stock of facts. One of the most important diseases of the veins is adhesive phlebitis. Mr. Callender relates, with proper respect, the early observations by Paré and others, and the views entertained by the older writers as to the morbid anatomy of adhesive phlebitis, and then, after carefully sifting the evidence collected in favour of the so-called adhesive inflammation of veins by numerous authors, including those of Gendrin, which are adopted by Hasse in his standard work, to prove that an actual plastic effusion occurs from the coats of the veins, he refers to the labours of our countrymen, Travers and Henry Lee, of whom the first showed that veins repair without an adhesive inflammation; the second showed that the lymph effused was commonly immediately deposited by the blood. Mr. Callender's detailed experiments in great measure confirm the results of Mr. Lee, and his description of phlebitis and thrombosis of veins is a valuable contribution to surgical literature. The whole treatise forms the most complete monograph which exists on this subject, and will for long be a standard authority on diseases of the veins.

We should be glad to be able to speak in similar terms of the contributions of his colleague, Mr. Holmes Coote; but they cannot be pronounced worthy of the deservedly high reputation of that surgeon, or of the elaborate and original monographs with which they are surrounded. The article on Plastic Surgery is especially slight; and it is difficult to understand how either the author or the editor could have been satisfied to leave such sections as that on Hare-lip in the present imperfect and crude state. That on Cicatrices from Burns is little more satisfactory; and we doubt whether Mr. Butcher or Mr. Teale would endorse the statement made that all operations for removing the distressing condition resulting from the contraction of such cicatrices have proved failures. Mr. Coote has done, and can do, far better work than he has contributed to this volume.

Dr. Little compresses into about sixty pages a larger amount of useful information relating to Orthopædic Surgery than any other writer not possessing his surgical genius and life-long experience could hope to have done. He writes with the characteristic clearness of one who is thoroughly master of his subject, and, bending happily to the necessity for concentration of thought and language, he has produced what has long been needed—a concise, intelligible, and complete summary of the most important forms of deformity, and of the methods of treating them. His essay is equally free from the superficial incompleteness which robs many abridgments of utility, and from the diffuse technicalities which often render larger monographs repulsive.

Mr. Athol Johnson, for many years surgeon to the Hospital for Sick Children, has devoted great labour to his treatise on Diseases of the Joints, and successfully accomplishes a difficult task. Mr. Johnson's style is very facile and elegant; he has thoroughly mastered the subject which he treats, and although nowhere do any indications of bold originality appear, yet it

* "I am aware that in Dr. Crisp's tables the mortality of 110 cases of popliteal aneurism operated on by Hunter's method is given at 12 only, and in 7 of the others amputation was necessary, and succeeded. But there is much danger in drawing conclusions from lists formed of published cases, which usually (perhaps it may be said always) include far too large a proportion of successful operations. From the comparatively few cases I have myself witnessed, I should suppose that the mortality is nearly double that which Dr. Crisp's table gives. But such questions can never be settled till our large hospitals can be persuaded to make efficient arrangements for the preservation of complete and unbiased statistics."

would be difficult to point out a fault in the work which he has done. The pathology of joint diseases is carried beyond the data of Brodie, who reconstituted it, to the last researches of Redfern, Virchow, and Barwell; and the somewhat violent expedients of treatment recommended by Bonnet are calmly judged and fitted into their place side by side with the practical means found most useful in our hospitals, and those which American surgeons have lately very successfully introduced. It is in the matter of treatment that Mr. Athol Johnson is happiest; and such passages as those at page 712, where he describes the local treatment for synovitis, or pages 745-6, where he enters upon the treatment of the strumous diseases of the joints, may be cited as good examples of clear and succinct direction, in which much fertility of resource is unaffectedly displayed, and the value and place of each method are ably appreciated.

Mr. Tatum is not, perhaps, equally happy in treating the Diseases of the Muscles. The subject is one which has not yet assumed a definite shape; and although Mr. Tatum shows, like Mr. Johnson (whom in style he much resembles), great skill in description and the fertility of resource springing from long years of experience in practising and teaching surgery, yet he fails to present us with a complete and systematic view of the subject, wandering into disquisition, and gossiping pleasantly and instructively. Thus, in dealing with atrophy of muscle, Mr. Tatum is far from rising to the height of his subject, and neither Duchenne, Lockhart Clarke, nor Symes Thompson would be satisfied with the ignoring of their labours.

Mr. C. H. Moore is one of our most reliable surgical writers, and the characteristics of his work are thoroughness and conscientious completeness. His present essays quite maintain the character which he has earned by his somewhat rare but always valuable contributions to the literature of his art. The late Mr. Gray's article on the Surgical Diseases of the Air-Passages is full, accurate, original, but inelegant. He was one of the most laborious of men, and had he given the finishing touch to this essay, it would have needed nothing to make it worthy of his high and deserved reputation. The Laryngoscope suffers somewhat from the handling of Mr. Durham, whose account of the capabilities of the instrument is by no means sufficient. Mr. Alexander Ure says a great deal more about the Diseases of the Nose than we should have thought could or need be said about that organ; but he is evidently a man after Sterne's own heart, and could read surgical sermons about noses which would enlighten a Slawkenbergius. Mr. Ure quite identifies himself with the surgery of this organ, and makes his subject important by the able manner in which he handles it.

Space will not allow us to do more than to say that Mr. Hinton gives a very perfect description of the Diseases of the Ear; and that Mr. Shaw, in describing Diseases of the Spine, shows a more perfect mastery of the subject than perhaps any other general (i. e., not special) surgeon would be likely to posses. It is sufficient to say that the Surgical Diseases of the Nerves are dealt with by Dr. Brown-Séquard in order to make every reader feel certain that he will find there all that is known on the subject, with a great many clever hints towards fathoming the unknown.

Who's Who in 1863. Edited by C. H. OAKES, M.A. London: A. H. Baily and Co., Cornhill.

THIS useful little volume still continues to enjoy a deserved popularity. It contains, in small compass, a large mass of serviceable and general information.

DOCTORS AND PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Signal testimony has recently been given in favour of those who contend that, although a medical corporation can make a Physician, it takes a university to make a Doctor. In the single month of December, 336 gentlemen, many of them having already procured the licence of the Edinburgh College of Physicians, but still not satisfied that they were "real Doctors," again took flight to the generous North, and have come back laden with the talismanic sheep-skin which St. Andrews exchanges for southern gold.

The Christmas pantomimes have exhibited no such transformation-scene as this. Behold! by one waive of the fairy quill, 336 physicians are metamorphosed into Doctors of Medicine! Henceforth, duly labeled "M.D.," clothed in sheep-skin, and wearing that huge mediæval seal carefully guarded in a round tin collar-box pendant from the waist, let no man dispute that these gentlemen, at last, are Doctors.

But whilst congratulating the new graduates, we ought not to forget the merit of the University that made them. We have no example in modern times of such marvellous graduating powers: 336 candidates examined, passed, enrolled, and sent home rejoicing, in a fortnight! I will undertake to say that all the English universities together could not accomplish such a feat in a twelvemonth. Could any but a Scotch professor achieve it? Fancy the herculean labours of the examiners! What a wondrous capacity for reading, judging, and deciding! For judge they assuredly did. Certainly a due per-centage of candidates—if only for appearance sake—were refused the coveted sheep-skin! By what process were the unworthy detected? Clearly, Oxford, Cambridge, and London dons have something to learn. They must quickly discover the secret of St. Andrews, if they are not content to witness the anomaly of Scotch medical degrees in England outnumbering in the proportion of ten to one those of English production. In these days for examining everybody in everything, the Northern examining machine—first duly patented, and a royalty for its use secured—ought to be more generally adopted.

In the meantime, it really seems just that the College of Physicians of Edinburgh, which began by manufacturing a thousand or so of "Physicians," and the University of St. Andrews, which has turned out so many hundreds of "Doctors," thereby clearing many thousands of pounds, should bear the expense of obtaining a legal decision of the great controversy now raging upon the question, Can a College of Physicians confer an academical degree? But perhaps they will prefer to retain the oyster, leaving the litigious gainers of the shells to find out the difference

"Twixt tweedle-dum and tweedle-dee."

I am, Sir, yours &c.,

January, 1863. HARLEQUIN.

To the Editor of THE LANCET.

SIR,—I shall be happy to subscribe my guinea to set this *quæstio vexata* at rest. But I agree with one of your correspondents that we should put ourselves on the defensive, and, as in the case of the London College of Physicians, try the issue on their recent obnoxious and insulting bye-law, if they should be so unwise as to sue for the penalty. Until they do that, I, for one, shall certainly continue to subscribe myself, though *not a graduate*, M.D. R.C.P.

I am, Sir, yours obediently,

A MEMBER OF THE COLLEGE OF PHYSICIANS,

Jan. 1863. LONDON.

To the Editor of THE LANCET.

SIR,—I shall be glad to subscribe my guinea to the fund for obtaining a legal decision respecting the prefix "Dr." I do not suppose, as some of your correspondents appear to do, that members or licentiates of a College of Physicians have any right to put M.D. after their names; but quite believe that they lawfully call themselves "Dr.," such being the usual signification of the word, and one that by sufferance, lapse of time, and common usage has become legitimate. If two or three influential practitioners would call a meeting or form a committee, I have no doubt some mode might be arranged for bringing the matter to an issue.

I enclose my card, and am, Sir, yours, &c.,

Jan. 1863. A LICENTIATE.

*** We shall be happy to receive subscriptions on behalf of this fund until a committee is formed and a treasurer appointed, when the money shall be transferred. It is a most interesting question, and should be finally settled.—ED. L.

CHOLERA IN CHINA.—The cholera still continues to rage in Shanghai.

THE LANCET.

LONDON: SATURDAY, JANUARY 17, 1863.

WE recur to Dr. BUCHANAN'S Report on the Lancashire cotton-workers. In our last impression it was shown that there was a manifest deterioration of health among the unemployed, and that the average scale of food-relief was insufficient to maintain an ordinary degree of physical vigour. It was pointed out, also, that if the actual amount of sickness, as estimated by mortality, is below the average, the source of this seeming paradox is to be sought in the absence of other and hitherto more potent causes of disease connected with the manufacture of cotton, and peculiar to the season. Further, it was indicated that the most dreaded of these causes under present circumstances—severe cold—might at any moment supervene, and a deadly, perhaps even pestilential, outbreak of disease supplant the relatively slight amount of fatal sickness which now prevails. But too much stress must not be laid upon the diminution of fatal sickness in the cotton-districts during the famine. For several years Lancashire has suffered from an inordinate mortality as compared with the rest of the kingdom; and in the past year the decline of the mortality in that county has been contemporaneous with a remarkable decrease of mortality throughout England and Wales.

Since the issue of THE LANCET of last week, returns published by the Poor law Board have made known the gratifying fact, that a marked diminution of the amount of pauperism in the cotton-districts has taken place. From other sources we learn that there is an increase of employment in the cotton-mills. Putting the two facts together, *The Times* thinks that it may be reasonably concluded that the crisis of the famine is passed; and, further, the same journal is disposed to underrate the signs of deteriorated physical vigour among the cotton-workers. Gladly as we hail the first signs of increased work and decreased suffering, it would be an error of the gravest character to forget that the diminution in the number of unemployed is as yet but a fraction; that the average amount of sustenance given to the unemployed is below the minimum required to maintain ordinary physical vigour; that the influence of this insufficiency of sustenance has been manifested in the clearest way by its effects on prevailing diseases; that the positive evidences of deteriorated health adduced by Dr. BUCHANAN, after a protracted and specific inquiry into the subject, can in no degree be set aside by any investigation less careful and protracted; and that the depth of winter has still to come. Hence the conclusions derived from Dr. BUCHANAN'S Report, and urged by us last week, remain substantially unaffected by the more favourable aspect of pauperism and labour in the cotton-districts, the knowledge of which has since transpired.

But this diminution of suffering, comparatively slight though it be, ought to exercise an important influence upon the issue of relief. If, with *The Times*, we are to assume that the labour-crisis is past, then it follows that the necessity of husbanding the relief resources, which arose from the impossibility of determining over what period the paralysed state of the cotton trade might extend, is in a great measure at an end. Thus it is to be hoped that one great obstacle which might have interfered with the relief committees and local authorities raising the average scale of food allowance to the minimum recommended by Dr. BUCHANAN will be done away with.

It is requisite that we should explain to some extent the discrepancies which exist in the scale of relief given to the unemployed in different localities. This will be best done in the words of Dr. BUCHANAN:—

"The standard of income in each town," he says, "has not been the same from the beginning of the distress. Almost everywhere it has been lower than its present amount. Moreover, in the earlier months of the autumn destitution was prevailing to any considerable extent in some of the towns only, while others were maintaining very nearly the old prosperity. These two considerations must be allowed to have weight in any comparison between the towns. They explain partly, if not entirely, the discrepancies which at first sight appear between the total amount available for food in the different towns, and the prevalence of a low state of vitality therein. Thus, though in the table the minimum income at healthy Bolton appears so small, it is to be remembered that up to quite recent times operatives at Bolton have been earning comparatively plentiful wages; and, on the other hand, when the incomes at Preston, Ashton, and Stockport (towns of lower present health) are shown so high, it is to be noted that in these places many of the mills have been closed since the earliest spring; that the organization for the relief of the poor, being in them first wanted, did not at once attain its full efficiency; that scales of income lower than the present were regarded as sufficient until the low health of the operatives forced itself into notice; and, lastly, that at the outset the cotton-workers deprived themselves of the veriest necessaries of life under a sentiment of independence that in towns more recently suffering has given place to wiser counsels. The brief duration of the distress has had as much to do with the present low vital state of the people as the actual degree of privation."

Much as the average allowance falls below the scale which it is desirable should be adopted, it very imperfectly represents the actual insufficiency of the relief to many. Too commonly the poorest classes of the cotton-workers come off the worst. They fall to the charge of the guardians, and are treated little better than habitual paupers. In some towns the rule is adopted by the parochial authorities of giving the usual rate of relief to common paupers and labourers out of employ; and these being unable to eke out their means of livelihood from casual sources as in prosperous times, suffer, as a consequence, the extremest distress.

"Many of this class (Dr. BUCHANAN states) are Irish, who, in addition to their privation, have the further predisposition to disease that comes from huddling together in dirty cellars and hovels."

The Lancashire operatives have been accustomed to generous living, and probably the present deprivation of animal food affects them more seriously than it would else have done. In prosperous times they did not perceive the advantages of a careful domestic economy; and—

"Now in hard times they have no knowledge how to make the most of their scanty incomes. If this money (adds Dr. BUCHANAN) were laid out to the best account, and if they were able to cook the food in the most useful manner, without waste, their incomes would go a long way farther in preserving them in health."

The staple articles of diet at present are bread, oatmeal, and potatoes. The oatmeal is made into porridge, or various sorts

of bread. Occasionally a bit of bacon, cheese, or butter, a herring, or rarely a morsel of cheap meat, is afforded. Butter and treacle are also at times added. Tea with sugar, but without milk, is the common drink. In almost all towns there are soup-kitchens, where a quart of good meat soup can be obtained for a penny, though its materials alone generally cost five farthings or more. Supposing the very ordinary case of a man, wife, and two children, whose income is made up to two shillings per head per week, their expenditure would probably be as follows:—Food (contract value), 5s. 8d.; retail profits, 10d.; candles and similar necessaries, 6d.; rent, 1s. The probable mode of expenditure of the proportion of money set apart for food, may be judged from the following example taken from Manchester. The quantities here mentioned are such as a single person would be likely to purchase for a week's consumption:—

	A shop, at retail prices.	Relief Committee, at contract prices.
Bread, 8 lbs. ...	1s. 0d.	0s. 11d.
Potatoes, 5 lbs. ...	0 3	0 3*
Oatmeal, 2 lbs. ...	0 4	0 3
Tea, 1 oz. ...	0 3	0 2
Sugar, ½ lb. ...	0 2½	0 2½
Bacon, ¼ lb. ...	0 1½	0 1½
	2 2½	1 10½

Much gain is obtained by giving relief in food rather than in money. It saves, Dr. BUCHANAN points out, loss in change and by adulteration, prevents waste by the poor, and enables the donors to apply to the selection of food the best medical advice attainable. "Cooked food, as part of relief in kind, offers peculiar advantages."

We have dwelt very briefly on the quality and quantity of food in use among the unemployed. Dr. EDWARD SMITH has been recently investigating the subject under the directions of the Privy Council, and we shall have occasion to return to it when his report is published.

There is but one more point in Dr. BUCHANAN'S Report to which we shall direct attention. He speaks in the highest terms of the sewing-schools, regarding them from a medical point of view.

"Thousands of persons," he says, "but especially of young women, are provided in them with shelter and warmth throughout the day; are set to useful work, furnished with clothes and money, and kept from the mental harm of idleness."

These schools, however, suffer from one grievous fault, which tells injuriously upon the learners. "An exceeding deficiency of ventilation pervades them." This, surely, is an evil which may be readily rectified.

IT is now forty years since THE LANCET commenced its career. There are some still alive who recollect the state of the profession at that period. This small body of veterans is yearly becoming less, and soon in the common course of things not one of them will remain. The present generation, with some few exceptions, are singularly ignorant of the phases through which the profession has passed since this journal was established. It is but right that they should be enlightened upon this point, as much misapprehension exists. Even leaders of public opinion are occasionally wrong in their statements with regard to it. In an able article on "Hospitals and the Staffs of Hospitals," in the last number of the *Social Science Review*, a striking instance of this is exhibited. After paying a high tribute to the founder of THE LANCET with reference to the efforts he made in the reform of the hospital system, the writer makes the following remark:—

"We believe that he entered on his task with the highest motives, and with no anticipation of opposition."

Enmity itself has ceased to attack his motives, but truth demands a refutation of the statement that he anticipated no opposition. It would have been impossible for a man of Mr. WAKLEY'S sagacity to have entertained any such opinion. Nothing could be worse than the state of the hospitals in the metropolis when he commenced his career as a journalist. He knew full well how deeply rooted were those evils,—how powerful were the interests which he had to assail, and how necessary it was for him, in initiating his attacks upon them, to be prepared for a vigorous and long-continued opposition. The hospitals of London in the year 1823 were far behind all other institutions in the kingdom. They were close boroughs. Their governing bodies were totally irresponsible to the public. Physicians and surgeons were elected to them, not on account of their merit or fitness for office, but because they were nephews or sons of those who enjoyed the exclusive power of election. Unaided by money or family interest, no man, whatever his merits, had the slightest chance of succeeding to office. There was nothing that could be called instruction going on in the wards. Not a single clinical lecture was delivered in London. The medical officers attended just as it suited their convenience. It was under these circumstances that THE LANCET commenced the war against monopoly, incapacity, and irresponsibility. It is needless to recapitulate the incidents of a struggle which lasted for twenty years; it was embittered by animosities which have had few parallels in the history of reform; it was attended by great personal sacrifices on the part of Mr. WAKLEY, which it is not too much to say few men besides himself could have successfully encountered. He had not only to contend with powerful and sometimes unscrupulous enemies, but to endure even the worse difficulty of dealing with false friends. He had the courage to combat with and defeat the first, and the sagacity to avert the dangers connected with the other. The result of his labours is the present condition of the hospitals of London and throughout the kingdom. What a contrast does it present to that which was exhibited in 1823! We have no longer insurmountable obstacles to legitimate success. Men of energy and of merit are no longer excluded from the posts of honour. The wards of our hospitals are places of clinical instruction, and the student is not now subjected to neglect or to indifference upon the part of his instructors.

THE Medical Department of the Army is in the very crisis of its fate. The authorities at the War Office are believed to be anxious to have the Warrant restored and made effective; but the Horse Guards, with a Royal Duke at the head, are too strong for them. This is a serious question. The Service at home and in India is in a state of furious discontent. It is vain to expect that men in a state of irritation, and smarting under a sense of injustice, can apply their minds to their work; and the longer this continues the less they will be able to do. It

* Not given from store. The retail price is, therefore, marked.

is well known that the number of candidates for appointments is now unprecedentedly small—the number of resignations very large; and while the present feeling exists in the mind of the Royal Duke who sits at the Horse Guards and persistently snubs the Medical Service, there are absolutely no encouragements for younger men to enter the Service, with which the officers involved in it are profoundly disgusted. There is not at present any servitude more unpleasant than that of the Medical Department of the Army; and we cannot advise anyone to enter it until a great change comes over the spirit of the Horse Guards administration.

Medical Annotations.

"Ne quid nimis."

WARLIKE ASPECT OF MEDICINE.

The medical aspect of campaigning has assumed nearly its due importance in the American war. Enormous efforts have been made by the civil population to supplement the shortcomings of the military departments, and by the aid of many hundreds of thousands of dollars subscribed by the energetic action of many scores of local and central committees, which the Government felt itself obliged to endow with official powers, the strain on the department was lightened. But the primary importance of sanitary precautions and the vast influence of sickness upon the efficiency of an army, were proved several times on an awful scale in the armies of the Potomac. At such times the army doctor rises into the position of dignity with which his high functions are properly invested; but in times of peace the military cliques who administer affairs, and who regard the medical officer with invincible *morgue*, monopolize every privilege for themselves. The contrast in times of peace and of war is very striking. When at the period of the Chinese war, and of the Canadian expedition, actual work was to be done, the public journals told, with interest which bespoke the importance of the matter, how admirable were the precautions which had been taken by the medical officers to ensure the health of the troops, and how greatly the efficiency of those expeditionary corps had been increased, compared with numerical returns of sickness to strength from former expeditions, by the excellent manner in which the medical officers had used their increased powers, and the zeal with which they had been animated by the recognition of their valuable services conveyed in the late Warrant. At that time the Military Medical Department had fallen into decay and disrepute in America. But now, when peace reigns here, and war rages across the Atlantic, the cases are reversed. While the Duke of Cambridge snubs the medical officers who seek redress for avowed grievances, General Butler, at New Orleans, in the last act of his career, and solemn justification of his deeds, refers to the sanitary precautions by which an army has been maintained in comparative health amidst malaria swamps, and only saved from pestilence by wise medical regulations. The late Lord Herbert was the greatest benefactor of the army and medical service. He saw the destruction which a neglect of that service had entailed in the Crimea, and the impossibility of properly carrying on the department and of procuring efficient officers unless they were treated with courtesy and allowed due privileges. His death has been the signal for the revocation of his acts. On presiding at the meeting in honour of that nobleman's memory, the Duke of Cambridge omitted all reference to the great labours of the medical reformers, to whose principles and arguments Lord Herbert was able by his position to give the shape of action. That memorial became a mere War-office job. Although avowedly for the encouragement of medical studies, only one medical officer, the distinguished head of the department, has been put on the list of the committee, while hundreds of military names crowded the list. We hear nothing yet of what has been done; and even in this purely professional matter the profession has been ignored. The difference between war and peace is great to all men; but to none more so than to the army medical officers.

The experience of the American war has confirmed that of nearly all campaigns, that soldiers are in far greater danger from the diseases incident to camp life than from the weapons of the enemy. There are many surprising facts illustrating this in the history of the English and French armies. The 92nd English Regiment lost more officers and men in four months from the climate of Jamaica than by the enemy in active war of twenty-two years, in which it was twenty-six times in battle. The French sent 309,268 officers and men to the Crimean war, of whom 200,000 were under medical treatment, 50,000 being for wounds, and 150,000 for diseases. Amongst these soldiers there were 69,229 deaths, of whom only 7500 were killed on the battle-field or not afterwards heard of, being eight deaths from other causes to one in battle. It is the deliberate opinion of Scrive, an intelligent investigator, that the losses occasioned by the most murderous battles do not equal one-fourth of the total losses to which an army is ordinarily subjected.

ST. THOMAS'S HOSPITAL.

The Grand Committee of St. Thomas's Hospital will make their report to the Governors on Tuesday next. From what is known of the proceedings of the Council on which that report is based, we may so far anticipate the report as to say that it will not be likely to make any definite recommendation. The proceedings of the Committee have not been of a decisive character. Negotiations are in progress with the governors of Bethlehem Hospital for that place, and with the Board of Works for the new ground at Westminster. The report of the Committee may be expected to recommend postponement, to allow time for the negotiations with the authorities of Bethlehem and the Board of Works.

The site at Walworth, belonging to the Fishmongers' Company, may be regarded as being practically discarded. The great principle which we supported, of retaining a metropolitan site, may be considered as safe. Had the medical authorities of the hospital been duly consulted, their rational opinion in favour of such a site would have prevailed from the first; and the public and the poor would have been saved from a great controversy, a great scandal, and a considerable interregnum in the means of dispensing the relief provided by a splendid endowment. This has been an additional instance of the evils attending any attempt at governing a medical charity without admitting the medical officers to that share in the government for which they are specially fitted by their intimate acquaintance with the best means of gaining the objects for which hospitals are founded.

It seems highly probable that the very spot on which we fixed as the apparently most suitable *locale* will indeed be the abiding place of the institution. Its many advantages have not been disputed, so far as we can learn; and the objections raised—and which no doubt will be duly stated next Tuesday in the report on the various sites—are for the most part self-refuted. Thus the objection on the score of the present imperfect system of drainage is answered by the fact which it contains—that the drainage will be complete in the course of about eighteen months: before the tenancy could, under any conceivable circumstances, terminate by the erection of any permanent building elsewhere. Allusions to the number of patients received simply serve to remind us that proper publicity has not been given to the removal, and that therefore any comparison between the site of five months and that of three centuries can have no validity. Other objections to the neighbourhood, such as the low class of population and the existence of factories in its vicinity, are also, from another point of view,

arguments in its favour, and, even in the mind of those who consider them as unfavourable circumstances, will weigh but little in the balance as elements of a comparative decision now, since the neighbourhoods of Stangate, the Upper and Lower Marshes, &c., equally possess similar characters.

CHARGE AGAINST A MIDWIFE.

SOME serious rumours which had prevailed in Stepney concerning the death of a young married woman in labour from the alleged improper treatment of a midwife were investigated at an inquest held last week by Mr. Raffles Walthew, the deputy coroner for East Middlesex. The name of the unfortunate woman was Elizabeth Sullivan; she was only twenty years of age, and resided at No. 19, Wellesley-street, near Arbour-square police court. The midwife implicated was a Mrs. Batcock, of Charlotte-street, Whitechapel. The jury returned the following verdict: "That the deceased died from inflammation produced by the non-removal of the chief portion of the placenta; and the jurors were of opinion that Mrs. Batcock was guilty of gross ignorance in attempting to deliver the deceased, she being not properly qualified; and that the said Mrs. Batcock's conduct was highly censurable."

So long as it is necessary to employ midwives, provision should be made for their proper selection and education. Some guarantee they ought to give to society before assuming the great responsibility of obstetric practice. And, as we have before pointed out, a recognised system of subordination, or facility of resort, to medical men in cases of difficulty, ought to be established.

YEAST IN TYPHUS FEVER.

A CORRESPONDENT of *The Times* strongly recommends yeast as a cheap and simple remedy for typhus or other low fever. He says:—

"A tablespoonful of this administered in a case where life was all but extinct, repeated every ten minutes till the cure was effected, restored the patient to such perfect health that he was at his work in a few days' time. A small quantity, infused in the common drink of those who cannot obtain a sufficiency of nourishing food, might infuse such an amount of vitality in the constitution as might enable it to resist the depressing tendencies to the disease."

This is no new suggestion. Yeast was recommended half a century ago by Dr. Stokes, of Dublin, in a work on Fever, published in 1816; and also by Dr. Beddoes, of Bristol, and many other physicians. Like various other remedies strongly vaunted from time to time, it has had its day, and has not maintained, when extensively employed, the reputation which it enjoyed in the minds of the few.

A SURGICAL BARBARISM.

THE following account has been published of a so-called method of amputation by a French hospital surgeon, M. Chassaignac. It is so horrible an invention that few will be able to read of it without a shudder. This is not the first time that M. Chassaignac has signalized himself by surgical proceedings of more than daring eccentricity, and, as we think, of more than doubtful judgment and humanity. In this country, a surgeon of the hospitals does not perform any serious operation until after inviting his colleagues to a consultation; and we do not believe that any body of surgeons in any civilized country would sanction such a senseless barbarity as this. These experimental cruelties degrade and put to the blush the really able surgeons of Paris. The proceedings of M. Chassaignac are thus described:—

"He uses what he calls a caustic bracelet, consisting of a ring round which are placed little crystal cups of a rectangular form. The ring is applied to the exact spot where the amputation is to take place; a pledget of lint impregnated with a solution of perchloride of iron at thirty-five degrees is placed above and under the ring, and the cups are charged with fragments of the Filhos caustic. The member to be amputated is subjected to a considerable degree of compression, which removes some portion of the liquids of the body from the diseased part. As the caustic proceeds in its action copious bleeding might occur, to remedy which the operator or his assistants exercise a digital pressure on the principal artery until the operation is completed. There is a considerable difference in the behaviour of a muscle separated by the knife or by the action of the caustic. In the first case it contracts, and a large interval is left between the two parts that have been divided; but under the action of the caustic the muscle does not recede either way. M. Chassaignac has tried his method twice, in cases where the patients were so feeble as to render ordinary amputation extremely dangerous; in both cases the operation was crowned with success. The bracelet in one case was applied five times for twelve hours each before all the parts could be eaten away by the caustic. As soon as the bone became apparent, it was cut through by means of the chain saw."

ALLEGED CONSULTATION WITH A HOMŒOPATH.

DURING the past fortnight we have received several letters from medical practitioners of Bedford and its neighbourhood, strongly complaining that Dr. Burrows had met in consultation a homœopathic practitioner of Bedford on several occasions, and calling upon us to make the fact public. In reply to a communication from the Editor of this journal, Dr. Burrows has sent the following. There has not yet been time for us to receive a statement from Dr. Wharton, the Physician to the Bedford Infirmary, the other gentleman to whom allusion is made:—

To the Editor of THE LANCET.

SIR,—I am favoured this evening with your letter of this day's date, and hasten to afford you the information you ask for. On the 2nd of this month I was summoned by electric telegram to "an urgent case of rheumatic fever, with affection of the heart," at Bedford; and as soon as my London engagements would permit I went there, and met in consultation the physician to the Bedford Infirmary, and a practitioner of that town who was formerly educated at St. Bartholomew's Hospital, and who for some years past has been in the habit of bringing or sending to my house patients for my opinion and treatment. I have at the present time some of his patients under my direction, and who are pursuing the plan of treatment I have advised. I found the patient at Bedford in the condition described in the telegram, and learnt, in addition, that he had had several alarming attacks of syncope. The treatment adopted prior to my arrival consisted of doses of calomel and opium at frequent intervals, of a large blister applied over the sternum, and moderate quantities of wine. I directed the calomel and opium to be continued, but diminished the dose of mercury, prescribed an ammonia and potash draught at stated hours, gave brandy instead of wine, and had a large linseed-meal poultice applied over the sternum. On the 4th inst. I was again summoned to the same patient, and finding that exhaustion had increased, I prescribed a mixture composed of ammonia, ether, tincture of lavender and camphor, and a cordial draught composed of the aromatic confection and tincture of opium, for the purpose of controlling irritation of the bowels, probably induced by the repeated doses of calomel. I wrote all these prescriptions myself, and affixed the signatures of the two gentlemen in attendance as well as my own. The medicines were prepared by the medical attendant, and he administered a dose of what I prescribed in my presence, before I left the patient's house. At the earnest request of the patient and his friends I visited him once more, and only prescribed in addition an enema, consisting of beef-tea, brandy, and tincture of opium. I must confess that I have

been greatly surprised at the course pursued by certain practitioners at Bedford, and think they would have acted more in accordance with brotherly feeling, if they had communicated with me and asked for some explanation, before they attempted to excite a prejudice against me, and invited you to publish an *ex parte* statement. I cannot myself perceive anything in the circumstances connected with my summons to Bedford, nor in the position or antecedents of the two gentlemen I met there (as far as they were known to me), nor in the treatment of the case which they had pursued, nor in the remedies which I prescribed, and which I believe were faithfully administered, which in the slightest degree savoured of homœopathy.

In the course of thirty years' practice, I have never to my knowledge met a homœopathic practitioner; I have several times declined to do so, and upon more than one occasion have been summoned into the houses of the aristocracy of this metropolis, and finding a homœopathic practitioner in attendance, have been under the painful necessity of intimating to the family that either he or I must relinquish the case. I may finally add, that unless my convictions as to the nature of disease and my principles of treatment should be completely changed, I never would consent to meet a homœopath in consultation.

I remain, Sir, yours faithfully,

Cavendish-square, Jan. 14, 1863. GEO. BURROWS, M.D.

THE COMMITTEE ON CHLOROFORM.

To the Editor of THE LANCET.

SIR,—I am requested by the Committee on Chloroform to ask of you the favour to insert the accompanying statement in some prominent part of THE LANCET; by so doing you will afford them valuable assistance.

I am, Sir, yours obediently,

GEO. W. CALLENDER,

Queen Anne-street, Jan. 1863. Reporter to the Committee.

The Committee of the Royal Medical and Chirurgical Society appointed to investigate the effects produced by the administration of chloroform consider that the co operation of the profession is necessary to enable the Committee to pursue their investigations in a satisfactory manner, and they are therefore desirous it should be generally known that their primary object is to inquire into the use of chloroform by inhalation, and its results: (*a*) in the treatment of internal diseases, such as tetanus, delirium tremens, asthma, epilepsy, and infantile convulsions; (*b*) in surgical operations; (*c*) in obstetric practice.

The points on which the Committee at present especially desire and ask for information are the following:—

1. Reports of any unpublished cases of death during the administration of chloroform, or of any other anæsthetic.

2. More complete reports of fatal cases already published.

3. Notes of any accidents with chloroform in which death has been threatened but averted.

4. Facts as to the effects of chloroform employed by inhalation as a remedial agent in disease; the mode of its administration, the quantity used, and the results both immediate and subsequent.

5. Notes as to the comparative results of operations before and since the introduction of anæsthetics.

Gentlemen who may be disposed to oblige the Committee by furnishing information on these subjects are requested to address their communications to Mr. Callender, Reporter to the Committee, Royal Medical and Chirurgical Society, 53, Berners-street, W.

GALVANISM IN GUNSHOT WOUNDS.—Professor Favre, of Marseilles, has successfully employed the galvanic current in discovering the existence of a bullet in a wound.

Correspondence.

"Audi alteram partem."

OXYURIS VERMICULARIS IN THE HUMAN BODY.

(NOTE FROM DR. BRINTON.)

To the Editor of THE LANCET.

SIR,—In your number of to-day, Dr. Cobbold quotes the *Dublin Medical Press* to the effect that Dr. Brinton and Dr. Beale had continued Dr. Kidd's researches on the *Oxyuris vermicularis*; and, having microscopically examined the worms, found that Dr. Kidd's opinion (that they were the *larvæ* of common house-flies) was correct.

I regret that Dr. Cobbold did not allow me, before publishing his remarks, an opportunity of making the same denial of this statement which he was "happy" to elicit from Dr. Beale. But being thus pointedly left by Dr. Cobbold to share the honours of Dr. Kidd's discovery, I am obliged to say (what I should otherwise have thought quite unnecessary) that, so far as it affects myself, the whole of the statement quoted is untrue.

I am, Sir, your very obedient servant.

WILLIAM BRINTON, M.D.,

Lecturer on Physiology in St. Thomas's Hospital; late Examiner in Physiology at the College of Physicians.

Brook-street, Grosvenor-square, Jan. 10th, 1863.

MR. JOSEPH BOND AND THE LONDON HOSPITALS.

To the Editor of THE LANCET.

SIR,—The munificent donations of Mr. Joseph Bond to the hospitals of London have forcibly directed the attention of the public to the value and importance of the proposition which he has (at present) unsuccessfully laid before the managers of the Jockey Club. These noble gifts have also, in a most distinctive manner, proved the sincerity of his own convictions with regard to the excellence of the object he would attain.

What may be expected to follow? Surely, the most *thorough examination*, on the part of those in authority, as to the feasibility, the reasonableness, the desirability, and the probable results of a proposal, to show his estimate of which one public-spirited gentleman has made so costly an inroad on his private means.

"Example is," at all times, "better than precept." How much better when a man, by his example, goes far beyond his precept! How stands the case? Mr. Joseph Bond, to vindicate the sincerity of his views, deliberately decides to give to public charities more than one thousand guineas in money, besides many valuable works of art, representing, in addition, a large pecuniary sacrifice. He is thus a donor of that which was his own, and which, taken from the bulk of his property, he may be said, in the ordinary sense of the term, to be deprived of, and *consequently to miss*.

The winner of a racing stake, on the other hand, has no legal right to what he is about to win; so far as he knows, fifty others may have an equal chance with himself. To him, the stake, when gained, is a pure gift; and he is not likely to "look the gift horse in the mouth," and withdraw from the race because the object of his ambition may be £4750 instead of a round sum of £5000. What he desires is to get the stakes; and whether they be five per cent. more or less to him signifies nothing. He makes no sacrifice. He gives, by the proposed method of anterior deduction, that which he has never handled; in other words, *he gives what he never misses*.

Now, with the Jockey Club it rests to decide whether the vast amount of good to arise from a course of action which can injure no one (or legitimately ought not to be capable of doing so) shall, or shall not, be brought about. I would earnestly entreat those gentlemen not to be content till they have relieved themselves from the responsibility of neglected personal inquiry—not to rest till they have found an opportunity of judging for themselves, by personal examination, what is the amount of good or evil they may inflict on the sick and perishing poor, according as they—the positive arbiters of the fate of

many obscure and unaided sufferers—may decide to give or to withhold that which they have the princely power to dispose of as they please. Let them see for themselves the mass of human misery which the unendowed and struggling hospitals of this country annually relieve; and let them learn, from inquiry, how much calamity might be spared if increased means enabled those hospitals to receive for treatment increased numbers—cases, for instance, of incipient disease, and curable (but if neglected, incurable) forms of human suffering; and I do not believe that it would be in their human nature longer to withhold the aid they have the power to give. The act would be a noble evidence of that kindly English spirit which gives this country its proud position as the most charitable among the nations; it would be a source of personal retrospective gratification to every gentleman concerned in its promotion; and it would cast on the proceedings of the turf, as one among the "institutions" of England, a bright reflection of imparted excellence, which no man, however cynical, or however opposed to the "institution" itself, could venture to carp at or fail to admire.

I am, Sir, your faithful servant,

January, 1863. LONDON HOSPITAL.

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—By your courtesy and kindness in inserting the various letters on the grievances of the army medical officers, you have won golden opinions. But notwithstanding your powerful advocacy of our just complaints, they remain as glaring as ever. It would be encroaching too much on your valuable space to enumerate the various injustices to which the army medical officers are subject; they have been recently before your readers, and must be well known.

I would particularly address my observations for the deep and careful reflection of those gentlemen who may be contemplating entering the service at the examination which will be held next month. Let them well consider the step they are about to take. I know by experience that young men do not often trouble themselves by inquiring into the minutiæ of the service before they enter; they take it for granted that "all will go well," and that "justice and uprightness will be their portion;" but, alas! the proofs we have had of faith broken and rights rescinded, and one case recently of gross injustice, too palpable even for the dullest intellect, will, I trust, point out to our would-be *confrères* the great necessity that exists of very cautious dealing with those who have the administration of the Department.

The Army Medical Department, under the present *régime*, is the very last service I should advise a young man to enter. Promotion is at a stand-still, and will continue so, reduction being the order of the day, and which is to be effected by not filling up the higher vacancies; and assistant surgeons will be once more seen with silvery locks. The first step those who have lately entered may expect will be that of surgeon-major, having completed twenty years' full-pay service. But even this step cannot be counted on as certain; the same unseen hand may again stab us in the dark, and cut off this distant prospect. We are not safe for a day, as experience has taught us; and I must ask you, Mr. Editor, how is it to be expected that men can have zeal for the service or their profession, when they are so unjustly dealt with? Ever since the death of our friend Mr. Alexander, the Department has been steadily but surely retrograding, more particularly as regards the Warrant of 1858. During his short career as Director-General, he showed plainly, by his ability and independent spirit, that the baneful Horse-Guards' influence, which appears now so paramount in the direction of the Department, was then kept within its proper sphere.

You, Sir, well know that we who are at present in the Department have very little power of initiating any movement towards redressing our grievances. I therefore most strongly appeal to the professors and students of the Schools of Medicine of the United Kingdom, in whose hands the only remedy really exists, to come forward as they did in 1855, when the meeting which they held and the resolutions which they came to had the immediate effect of obtaining justice for the naval medical officers, and the due recognition of the position in which the members of a learned profession should be held.

I have the honour to be, Sir,

Jan. 1863. ONE OF THE DUPED.

To the Editor of THE LANCET.

SIR,—If the medical officers of the army fully believe that by ventilating their grievances they might hope to have them redressed, I have no doubt your correspondence on these subjects would soon become voluminous.

The fact is, Sir, that the officers alluded to have found by experience that the promises of fair treatment made to them in 1858 have not been carried out; they are, therefore, distrustful for the future, and many of them who are young, and whose health is as yet unimpaired by tropical climates, are seeking opportunities of leaving an employment in which advancement is not only slow, but, as you have pointed out, most uncertain. To find himself at the age of three or four and thirty in the lowest grade of a branch of the service singularly unhonoured in the army, is the fate of him who enters the Medical Department. The slowness of promotion which leads to this result is caused, no doubt, by the few vacancies which occur in the higher grades. But when vacancies do occur, something "special" is always announced: sometimes a reduction of the number of surgeons retards promotion; at other times, an assistant surgeon low down in the list is to be promoted for "special reasons." In plain English, a job has to be perpetrated by which some one has to be placed over the heads of hundreds who entered the service on the faith of promises held out to them.

A feeble attempt has been made to palliate what you rightly call the promotion of "a foreign gentleman." "The late Mr. So-and-So promised; the late Lord So-and-So directed." The question is, Is not this a violation of a written law?

In another case, the present surgeon of the 57th Regiment was promoted over all the assistant-surgeons appointed in '54, '55, '56, his commission as assistant-surgeon bearing date 1857; and this in direct violation of a clause of the Warrant, which provides, that when an assistant surgeon is promoted out of the order of seniority, the reason for such promotion shall be stated in the *Gazette*.

It is possible that when the gentleman alluded to reads this statement in THE LANCET he may favour you with a letter from the antipodes, satisfactorily (?) explaining that in his case "Lord C—— asked Dr. G—— to promote him." Thus the wishes of noble lords are gratified; but the promises made by John Bull to his servants are left unfulfilled.

I am, Sir, your obedient servant,

January, 1863. ANOTHER SURGEON.

To the Editor of THE LANCET.

SIR,—The members of the profession outside the army are, indeed, "masters of the situation," as you state. Whether H.M.'s Warrant of 1858 is to be honestly carried out or not, will now turn upon "the good old-fashioned principle of supply and demand."

The *Gazette* of January 9th points your remark as forcibly as any thing can do. For those who think of entering, I append an extract, with the question, What are new comers to expect in a service from which old assistant-surgeons are so constantly retiring (query—in disgust)?

Assistant-Surgeon Dr. Macartney,	resigned.
Assistant Surgeon Dr. Frank,	ditto.
Assistant Surgeon Hyde,	ditto.
Assistant-Surgeon Frazer,	ditto.

I am, Sir, yours obediently,

January, 1863. M.R.C.S.

ON THE TREATMENT OF ORCHITIS BY COMPRESSION.

To the Editor of THE LANCET.

SIR,—If you consider the following case worthy of insertion in your widely circulated journal, it is at your service:—

The beginning of last week Mr. S—— came under my care for gonorrhœal orchitis, he having been for some time under the care of a chemist, who treated him by depletory measures, and under which treatment he expressed himself getting much worse. The organ was enormously swelled, inflamed, and painful, for the acute stage had not yet passed off. I ordered him to bed, and, without waiting for the acute symptoms to

subside, enveloped the entire testis with strips of adhesive plaster, carefully applied, and as tightly as could be well borne, support being also given by means of a suspensory bandage. I also administered internally the tincture of steel and quinine, with half a grain of morphia at night, and prescribed a liberal regimen. The following day, the strapping was quite loose, the swelling and pain considerably less; the patient had passed a good night (which previously had not been the case), and altogether expressed himself much better. I removed the plaster, and applied fresh. The next day the strapping was again quite loose, and the swelling and inflammation being both much reduced, I did not think it necessary to repeat it. The patient was able to get up and walk about. I then considered him cured of the orchitis; he was of course weak and debilitated from the previous depletory treatment he had undergone.

This plan (viz., that of compression) is certainly not the most humane way of treating orchitis, but it is decidedly the quickest and most effectual.

I am, Sir, your obedient servant,

E. HOWARD MOORE, M.R.C.S.

Cambridge Heath, Dec. 1862.

SCOTLAND.

APPOINTMENT OF A MEDICAL OFFICER OF HEALTH AT GLASGOW.

DR. W. T. GAIRDNER, Professor of the Practice of Medicine in the University of Glasgow, has been appointed Medical Officer of Health for Glasgow. The following remarks explain the circumstances, which are very honourable to Dr. Gairdner, under which the appointment has been made:—

The Lord Provost, in moving the adoption of the minute, said that the committee had only been influenced by public considerations in making choice of Dr. Gairdner, who, they were aware, possessed a high knowledge of sanitary matters so far as they related to the public health. He had all the qualifications alluded to in the suggestions of Mr. Ure, as being requisite in the person appointed, which were as follows: "He must be a physician of enlarged views in sanitary science; properly informed with respect to the leading phenomena of disease; skilled in the causes and conditions which influence the origin, propagation, mitigation, prevention, and treatment of diseases of the zymotic class, and in the examination, collection, and promulgation of facts relating thereto. He must also be a man of acknowledged reputation, that his opinions may carry weight with them. He must take a deep interest in the duties of his office, and if his time be not exclusively devoted to them, while he may be a consultant, he must not be a general medical practitioner, in order that in the discharge of public duty he may be independent of, and unbiassed by, local or personal considerations." Now, Professor Gairdner was quite prepared and wished to be a consulting physician. He had, moreover, devoted himself to questions of sanitary science, and he had not kept his knowledge to himself, but had published it by lectures, and in a volume which he published in 1862, a volume well worthy of perusal by any member of the committee. He came among them as a stranger, and free from local interest; and, moreover, considering his high character, he was not likely to yield to personal considerations. He (the Lord Provost) begged to state that Professor Gairdner had not applied for the situation. In looking round for a suitable person to fill the office, the committee had come to the conclusion that he was the proper man; and it was, of course, a coincidence that he should possess the qualifications set down by Mr. Ure. He felt satisfied that if Professor Gairdner received the appointment, he would accept it, and would bring the city round to a higher state of health than now existed in it. The Professor was thoroughly acquainted with the leading characters of other towns with respect to their sanitary relations, as well as their conditions of health; and even with the state of localities in cities in both England and Scotland. He (the Lord Provost), had great pleasure in recommending the appointment to the board.

Mr. Ure seconded the motion. The position of Professor Gairdner was so similar to what he (Mr. Ure) had pointed out in the scheme which he had laid before the Sanitary Committee, that he deemed it necessary to explain that he had never seen Prof. Gairdner but twice, and that was on the occasion of his lecturing in Glasgow. He had just perused the work referred to by the Lord Provost, and he was delighted to find that the sentiments put forth in it were those of such a man as they would like to have at the head of the sanitary establishment of Glasgow. The city would have great credit by the appointment. Professor Gairdner was the only gentleman which could have received the unanimous recommendation of the joint committee, and he (Mr. Ure) was satisfied that in making the appointment the committee had studied the welfare of the city, as well as the unanimity of the Board.

The appointment was unanimously approved of, and the meeting adjourned.

MEDICAL TRIALS.

HOLLOWAY'S PILLS AND OINTMENT.

SILLEN V. HOLLOWAY.

THIS was an action tried before the Lord Chief Justice in Middlesex, on the 10th inst., when a verdict was found nominally for the plaintiff, with leave to move to maintain his verdict for £500 or for £150.

Mr. BOVILL, Q.C., now moved, on behalf of the defendant, to set aside the verdict, or for a nonsuit. The action was brought by the plaintiff, a foreign physician, to recover £500 for his services in procuring permission to sell Holloway's ointment in France and her colonies. The contract on which the plaintiff sued was contained in a letter from the defendant to the plaintiff, in which he promised to pay the plaintiff £1000, if he obtained permission to sell his ointment and pills in France and her colonies, with liberty to advertise the same; or £500 for the like permission as to the ointment. In January, 1861, the plaintiff obtained a brevet or patent authorizing the defendant to sell his ointment. But that was of no use or value. By the law of France no secret remedy was to be sold or advertised without the sanction of the Minister of the Interior, or a decree of the Emperor; and if a patent were obtained for a secret remedy it was simply void. The plaintiff had described the ointment as a pomade, and had sent for a box of it to be analyzed in France, and there it had been found to consist of *white wax*, *yellow wax*, *hog's lard*, *and turpentine*, and liberty to sell this pomade had been obtained; but the defendant contended that his ointment was a secret, and that he would not divulge its constituents on any consideration. The patent had not been renewed, and on that account it was also void. On these grounds he contended that the plaintiff was not entitled to his verdict, nor to the sum of £150 as remuneration for his services.—Rule *nisi* granted.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology, at a meeting of the Court of Examiners on the 13th inst.:—

Adams, F. W., Bristol.
Adcock, C., Birmingham.
Brown, I. B., Middlesex Hospital.
Bullmore, C. F., St. Mary's Hospital.
Charles, A., Birmingham.
Chambers, F. E., Middlesex Hospital.
Dwelly, H. J., Guy's Hospital.
Freeman, R. T., Guy's Hospital.
Griffiths, G., Liverpool.
Harrison, G. W., Dublin.
Hughes, W., Middlesex Hospital.
Hyde, E., Charing-cross Hospital.
Jackson, H. W., King's College.
Lloyd, T. F., Guy's Hospital.
Lupton, R. J., Liverpool.
Mackinnon, H. W. A., King's College.
Mathews, J., King's College.
Penn, W. C., St. George's Hospital.
Walls, A. W., University College.
Whidborne, G. H., Middlesex Hospital.
Wilson, Thomas, Newcastle.
Woodhams, J. A., King's College.

The following gentlemen passed their Primary Examinations on the 14th inst.:—

Bowie, R., Edinburgh.
Butcher, H. O. F., Guy's Hospital.
Canny, D. J., Dublin.
Cheatle, E., Birmingham.
Dowman, J. R., Birmingham.
Druet, J., Middlesex Hospital.
Hardwicke, E. J., St. Bartholomew's Hospital.
Hay, R., Belfast.

Henderson, R. W., Guy's Hospital.
Loane, J., London Hospital.
M'Candlish, W., St. Bartholomew's Hospital.
Morris, J., Birmingham.
Morton, S., Westminster Hospital.
Pearson, E. B., London Hospital.
Phillips, G. R. T., Guy's Hospital.
Robinson, J. C., Guy's Hospital.
Ruddock, E. H., Guy's Hospital.
Smallhorne, T., Dublin.
Sutton, F., Guy's Hospital.
Taxford, A., Edinburgh.
Weld, C. H., Middlesex Hospital.
Willmot, R., Birmingham.
Wright, M., St. Bartholomew's Hospital.

The following gentlemen passed their Primary Examinations on the 15th inst.:—

Caskerton, C. E., London Hospital.
Demaine, J., Leeds.
Dukes, W. P., London Hospital.
Ellis, E. T. C., St. George's Hospital.
Hewley, J. P., St. George's Hospital.
Murray, S. H. L., Newcastle.
Parkes, H. M'K., Guy's Hospital.
Penruddocke, G., Middlesex Hospital.
Picard, P. K., Edinburgh.
Shackleton, J., Manchester.
Suffe, W. E., Middlesex Hospital.
Stedman, J., University College.
Taylor, F. S., Guy's Hospital.
Wigmore, W., Cork.
Wright, G. V., Edinburgh.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 9th inst.:—

Mann, Allen Greene Cheek, Guy's Hospital.
Thelwall, William, Farndon, near Chester.
Trimmer, Henry Beazeley, Gloucester.
Waghorn, Frederick, Soho-square.

UNIVERSITY OF ST. ANDREWS: EXAMINATION FOR HONOURS.

FIRST CLASS.

Horner, William, London, } equal.
Ray, Edward, Dulwich, }

SECOND CLASS.

Bright, John M., Forest-hill.
Prichard, John L., London.
Phillips, Charles H., London.
Irvine, John W., Lancaster.
Steele, James, Wishaw.

THE TAE-PING REBELLION.—The wounded of the Tae-ping "army" are attended by an English surgeon.

THE MORTALITY IN THE CITY during the past month is reported by Dr. Letheby to be nearly the average of the season.

THE HEALTH OF MANCHESTER.—Statistical tables show that Manchester has never been more free from fever than at present.

UNIVERSITY COLLEGE HOSPITAL.—Mr. John Hibbert has presented £100 to this hospital, in addition to eight similar contributions already announced.

THE LIVERPOOL NORTHERN HOSPITAL has received a valuable organ, presented by F. W. Lowndes, Esq., for the better conducting of the Sunday services.

GUN COTTON AS A STYPTIC has been successfully applied by Dr. Arink (*Philadelphia Medical Reporter*). He considers it remarkably efficacious in nasal and dental hæmorrhage.

ANTHROPOLOGICAL SOCIETY OF LONDON.—A new Society is about to be formed, upon the model of the Society of similar name in Paris. It is said that the proposed plans are supported by many of our best ethnologists.

CLIMATE OF SCOTLAND.—The Meteorological Society of Scotland, in their last half-yearly report, divide the country into four well-marked meteorological districts: the islands, possessing a mean annual temperature of 45°·8; the west coast, 47°·9; east coast, 47°·1; and inland, 47°·2.

A REMARKABLE WOMAN.—Dr. W. M'Carthy was in attendance on a lady aged 69 years, on Thursday night last, who gave birth to a fine boy. The father of the child is 74 years old. Mother and child are doing well. This is a remarkable phenomenon, and has created much discussion among the physicians of the city. Old people who are without children have good grounds to take fresh courage and be hopeful.—*Cincinnati Inquirer.*

THE ROYAL VICTORIA HOSPITAL AT NETLEY will shortly be ready to receive the military invalids as they arrive from abroad, instead of their being sent to the invalid depôt at Fort Pitt, Chatham. Orders are already issued for a full complement of orderlies to proceed to Netley.

THE HOSPITAL OF THE HOTEL DIEU, PARIS.—The demolition of this hospital and its reconstruction, which had long been loudly called for by the inhabitants, are at length decided on. The place on which the new hospital is to be built is not yet fixed.

POISONED MILK.—The "Annales d'Hygiène Publique" relates that several officers of English vessels off Malta exhibited symptoms of poisoning after partaking of the milk of goats which had fed upon a plant called by the inhabitants Tenhuta (*Euphorbia helioscopia*).

RELICS OF ST. THOMAS'S HOSPITAL.—The statue of King Edward VI., by Scheemakers, which stood in the centre of the second quadrangle, and the statue of Sir Robert Clayton, which stood in the centre of the third court, have been removed to the present site of the hospital at Walworth.

DEATH FROM STRYCHNINE.—Two assistants at Messrs. Hopkins and Williams, wholesale druggists, in New Cavendish-street, were accidentally poisoned from drinking beer containing strychnine. One of them died in a few hours afterwards, at the Middlesex Hospital; the other recovered.

EXTRACT OF LOGWOOD AS A DEODORIZER.—M. Desmartier states that he has employed an ointment composed of equal parts of lard and extract of logwood, with extraordinary success in bringing about healthy action in sloughing and gangrenous wounds, and removing at the same time fetid odours.

OZONE.—A beautiful series of experiments, by M. Kosmann, given in the *Comptes Rendus*, shows that ozone is disengaged from the leaves and green parts of plants. In cities ozone is more abundant during the night, the reverse being the case where vegetation abounds.

SOCIETY OF ARTS.—On Wednesday evening Mr. Samuel Highley read a paper before the members of this Society on "Photography in relation to the Magic Lantern educationally considered," in the course of which he exhibited a variety of scientific and other photographs. The lecture was received with marked gratification, and was well attended.

CINCHONA.—The Indian government has been forming plantations on a large scale on the Neilgherry hills. The total number of plants, at present, is 72,568; of these, 13,700 are placed permanently out of doors, 18,076 are in the plantation nurseries, the remainder are small and under glass. Extensive clearings, amounting to 700 acres, are being made for further planting of this valuable tree.

MEDICAL SURVEYOR OF NUISANCES.—At a recent special meeting of the Leeds Town Council, a memorial was received by the Council, praying them to appoint a medical surveyor of nuisances, the crowded and impure state of many of the dwelling-houses of the population being of the most pestiferous character. Surely so important a memorial will meet with due consideration from the authorities.

SANITARIUM ON THE WEST COAST OF AFRICA.—A writer in *The Times* advocates the establishment of a Sanitarium on the West Coast of Africa, on the slope of the Cameroons Mountain. The fatality to which the crews of Her Majesty's cruisers are exposed from the dreadful malaria so frequent on the coast, appears to urgently demand the establishment of such an institution.

ARSENICAL PAPER-HANGINGS.—At a recent meeting of the Association of Medical Officers of Health, held at Whitehall, Dr. Orton (Limehouse) read a valuable paper on the above subject. Several members took part in the discussion that ensued, and Dr. Allen (Belgravia) introduced a manufacturer who exhibited specimens of beautiful light-green papers which contained no arsenic, and could be produced as cheaply and effectively as the arsenicated papers.

DEATH OF JOHN GUNNING, C.B.—Mr. John Gunning, the oldest member of the College of Surgeons, expired on Sunday last at his residence in Paris. Deceased, who had attained the age of ninety, was a distinguished army surgeon, having been on the staff so far back as 1792. At Waterloo he held the rank of Deputy Inspector General of Hospitals, and on that battle-field it fell to his lot to cut off Lord Raglan's arm. He went to Paris with the Duke of Wellington's army, and has

resided there ever since. On New Year's Day he had a dinner-party; and cards for another party were issued so lately as last week. An attack of bronchitis prevented him receiving his friends on the day expected. His medical attendant thought it serious; but he got better, and on Saturday was thought to be out of danger. On Sunday morning, however, he expired in his arm-chair, without pain, and with scarcely any previous symptoms to denote his approaching end. His daughter, Mrs. Bagshawe (the wife of the Queen's Counsel) and two of his grand-daughters were with him at the time of his death.

THE BIRMINGHAM HOSPITAL FOR SICK CHILDREN, which has for twelve months been established as a free hospital, has furnished medical aid to 7300 children. It is proposed to establish, in connexion with the hospital, a department for contagious diseases.

DORSET COUNTY LUNATIC ASYLUM.—The Building Committee have invited tenders for the execution of the various engineering works connected with the asylum. The sum of £36,000, which has already been raised for the erection of this asylum at Charminster, being insufficient for the due completion of the building, the visiting justices have devoted a further sum of £5000 for the purpose, which will also include the furnishing of the establishment. As soon as the patients are removed to the new building, the present asylum at Forston will be sold.

BENEVOLENCE.—The Chaplain of the Middlesex Hospital announced the following act of kindness performed at this hospital on the 6th inst.:—A lady, being permitted to visit the wards, went from bed to bed, and in the most quiet and gracious manner presented half-a sovereign to almost every one of the patients as a new-year's gift and as a thank-offering for recovery from a dangerous illness. The number of the patients amounted to nearly 300.

SCENE AT AN EXECUTION.—On the 16th ult. a man was executed at Woodstock, Canada West, for murder. The rope was upwards of nine feet in length, and the fall being consequently great, the vertebræ and muscles of the neck gave way, the head rolled off, and with the body fell into the interior of the scaffold. This shocking occurrence was attributed to the man's emaciated condition, the effects of dissipation and bad living.

THE POISONING CASES IN LINCOLNSHIRE.—The man Garner and his wife, charged with poisoning by arsenic, near Horncastle, in Lincolnshire, have been committed for trial on two charges of wilful murder. The persons whose deaths they are alleged to have caused are the mother and first wife of the male prisoner. Professor Taylor was examined. He had analyzed the viscera of the deceased woman, and he found that death had been caused by arsenic.

DENTISTS IN RIO JANEIRO.—The Medical College of Rio has lately made arrangements to instruct and graduate dentists, but in a very imperfect manner. The number of dentists in Rio is about twenty, and most of them are graduates in medicine; and, adds Dr. Vegas, in the *Philadelphia Dental Cosmos*, "Americans are considered the best."

IMPROVED OIL SILK.—We have received a sample of this material from Mr. Ashton, of Cavendish-square, who has found that when in use the folds do not stick together, which has been a great desideratum. It does not swell, so far as his experience has gone, nor does it irritate the skin, as gutta-percha and the ordinary oil-silk do. Heat has no influence upon the "improved oil silk," for it can be put into boiling water without damage.

PARTIAL ASPHYXIA PRODUCED BY THE ATMOSPHERE OF THE UNDERGROUND RAILWAY.—On Sunday last a railway porter was brought to University College Hospital, with all the symptoms of partial asphyxia, as if from carbonic acid. He had been some ten or twelve hours continuously in the Gower-street station, and felt giddy and could not stand on his legs. After treatment of some hours he recovered and left the hospital. Two other persons were more slightly affected, but required nothing special, and were not admitted; whilst a fourth applied the next day, with equally mild symptoms as in the two last. There was not the least evidence of intoxication in any of these patients, but whether the symptoms really depended on the effects of carbonic acid is a matter for speculation. A very large number of persons travelled on the Underground Railway last Sunday; the number has been stated to be as many as 30,000.

UNIVERSITY OF ST. ANDREWS.—At the recent examination at this institution, 379 candidates presented themselves for the degree of M.D., of which number 336 passed, and 43 were rejected. The amount of fees, at £26 5s. each, arising from those who were *capped*, amounted to the large sum of £8820: and if to this amount be added the four guineas forfeited by each of the rejected candidates, it will give a grand total of £9000 12s. With the exception of 32 candidates, all the gentlemen possessed one, two, or three qualifications. In addition to the 43 rejected on their examination, a great number withdrew without completing their work, and others without even commencing it, finding they were not quite up to the mark; others were advised to retire in consequence of their antecedents being too well known by the Senatus Academicus, to whom great credit is due for the surveillance exercised by them on this the last occasion of examining candidates without residence at St. Andrews, except in the case of medical practitioners above the age of 40 years,—and then not more than ten in any one year, and on payment of fifty instead of twenty five guineas, and having resided at least two out of four years at some recognised university.

AIDS TO MILITARY SURGERY: INTERNATIONAL EXHIBITION.—Amongst the most valuable novelties displayed in the Class of Surgical Instruments in the International Exhibition were some army chests and panniers, and some improved appliances exhibited by Messrs. Savory and Moore. The pressure on our space did not allow us to give the details of these objects, nor can we now describe them completely as they well deserve. The most important are the army panniers and the detachment chests. They are models of ingenuity, containing within the compass of two panniers of ordinary size and regulation weight almost every conceivable resource for supplying the surgical wants of a regiment on the field. They can follow the regiment everywhere on the back of a mule, and contain some thirty different drugs, with all the required accessories of scales, weights, &c., each so accessible as to be obtained in a moment: medical comforts, such as beef-tea, arrow-root, with means of warming them: operating instruments, tourniquets, splints, blankets, sheeting, everything is at hand. In the field they are invaluable, and their utility is greatly increased by the means which are provided for converting the lids into a very good and firm dissecting table. These panniers have rendered great service in the Confederate army, as we happen to know from private sources, and they well justify the prize medal awarded to the firm "for excellence of manufacture of medicine chests, and for an ingenious method of fitting panniers for military purposes." The improved forms of eye and ear douche introduced by the same firm, and their flexible apparatus for enemas, are equally deserving of praise as cleanly, ingenious, and convenient instruments.

EXTRAORDINARY SILVER MINE.—In the Geological Museum there is a lump of silver, about as much as would make forty shillings, which is stated to have been taken from the stomach of a mule in Mexico. It appears to be a common occurrence to find quantities of silver in the stomach and intestines of the mules working in the Mexican silver mines, and its presence is accounted for by the mules eating mud, (which contains much silver,) for the purpose of obtaining the salt which is mixed up with it also. The silver is said to accumulate to a considerable extent without proving injurious, and this furnishes us with another fact to indicate how living tissues tolerate the presence of metallic substances. A correspondent of the *Veterinary Review* facetiously suggests that the Mexican veterinary surgeons will find their fees for post-mortem examinations in the stomachs of their patients.

PHYSICIANS AND LAWYERS.—Physicians, I take shame to myself for declaring, are a far more learned and liberal body in general than lawyers, to whom I have the honour of belonging. They are better and more fully read than men of law, though not so agile-minded, so fluent and forcible in conversation, or so thoroughly ready of force in general society. But, taken as a profession, they write better than lawyers, and have generally broader views and larger and more solid attainments than men of the wig and gown. The disputants of the forum wrangle not for truth, but for victory and a verdict, whereas physicians and first rate surgeons, who ordinarily also study medicine in the universities or otherwise, have generally higher aims. Their special studies do not give them greater intelligence, certainly, but more elevate their mind, developing nobler, more generous, and more philanthropic feelings. Amongst all the learned and intellectual callings, there is not, except the profession of a clergyman or a priest, one which

exercises so great an amount of influence for universal good as the physician or surgeon. How much pain does he alleviate! How many sorrows does he soothe! In the houses of the wealthy and high-born, both can do much good by earnest counsel and advice, as well as by assiduous professional attention; but it is in the houses of the poor and lowly, or in ministering to their sufferings at their own mansions, that physicians or surgeons can do a world of unseen and kindly service.—*Fraser's Magazine.*

REMOVAL OF A GREAT PORTION OF A CANCEROUS TONGUE BY THE ECRASEUR; HÆMORRHAGE; DELIGATION OF THE EXTERNAL CAROTID ARTERY.—M. Foucher, says the *Gazette des Hôpitaux*, lately operated upon a man whose tongue was affected with cancer, the whole right half of the organ being invaded. Nothing is said about the glands. Pressed by the urgent requests of the patient, M. Foucher, who was averse to any surgical interference, performed the following operation:—An incision, an inch and a half long, was made along the mesial line, in the supra-hyoidean region. The aperture thus made allowed a trocar to be passed through the centre of the base of the tongue, in front of the epiglottis. A thread, carrying the chain of the écraseur, was drawn through the trocar, which latter, being withdrawn, was reintroduced and passed through the anterior part of the tongue, in the middle line. The chain being passed again through the trocar, the loop of the chain included the mesial line of the tongue from before backwards. The chain of another écraseur was then made in the same manner to seize upon the floor of the mouth, from before backwards, along the body of the inferior maxilla. The two instruments were made to act together, one turn a minute being allowed, and in fifty minutes the two antero posterior sections were effected; the one internal dividing the tongue from before backwards into halves, the other external separating the tongue from the floor of the mouth. To complete the operation, the base or root of the segment thus formed had now to be included in the chain of the écraseur, so as to effect the removal of the cancerous portion of the tongue; but the antero-posterior sections were hardly completed, when severe hæmorrhage occurred from almost the whole extent of the wound, the external section bleeding the most. By plugging with pieces of lint soaked in solution of perchloride of iron, time was obtained to pass the chain across the base of the tongue. This third section, comprising the lingual artery, was made very slowly—only one turn every three minutes. (It is not said whether the patient had chloroform.) Hæmorrhage in the meanwhile continued, and, when the morbid portion of the tongue was quite detached, the perchloride proved quite ineffectual in arresting the bleeding. The carotid was then compressed, and the actual cautery used. This was, however, useless; and as the patient was getting faint from loss of blood, M. Foucher tied the external carotid. The hæmorrhage ceased immediately. The patient was in a pretty favourable state five days afterwards, and the deligation of this important vessel had not caused any unpleasant complications.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JANUARY 10th.—The deaths in London in the week that ended on Saturday were 1535, and were nearly the same in number as those of the previous week. There were 24 deaths from small pox. Measles was fatal in 61 cases, 6 of which were in the Belgrave sub-district, 6 in Pancras, and 6 in Islington. 82 deaths were referred to scarlatina, and 13 to diphtheria. Scarlatina is common in Marylebone, where 11 deaths from it were returned in the week. It caused 5 deaths in the sub-district of Hackney. Nearly a half of the deaths from typhus—namely, 28 out of 62—occurred in the east districts. The most fatal of all the diseases in the list was bronchitis, the deaths from which rose to 194; phthisis was fatal in the next degree, and rose to 174.

The births were—boys, 1024; girls, 930; total, 1954.

MEDICAL VACANCIES.

Farringdon General Dispensary—Surgeon on the Honorary Staff.
Isle of Wight Royal Infirmary—House-Surgeon and Secretary.
Loughborough Dispensary—House-Surgeon.
Manchester Royal Infirmary and Dispensary—Physicians' Assistant.

MEDICAL APPOINTMENTS.

WM. EVELYN ALSTON, M.D., Assist.-Surg. Supernumerary in the 70th Foot, has been appointed Staff Assistant-Surgeon, vice Fraser, resigned.

J. BELL, M.D., has been appointed Assistant-Surgeon to the Eye Infirmary, Edinburgh.

D. BLAIR, Esq., has been appointed Hon. Assistant-Surgeon to the 7th Argyllshire Artillery Volunteers.

J. C. BOW, M.D., Assist.-Surg. Bengal Service, has been promoted to Surgeon, vice Batson, retired.

W. C. BROWN, M.D., Assist.-Surgeon Bombay Service, has been promoted to Surgeon, vice Lodwick, deceased.

R. BROWNING, Assist.-Surg. R.N. Feb. 14th, 1856, has been appointed to the "Cumberland."

T. SMITH BURNETT, L.R.C.S.I., Assist.-Surg. R.N. Jan. 18th, 1859, has been appointed to the "Royal Adelaide," for Plymouth Hospital.

C. VIDLER CAY, M.R.C.S.E., Assist.-Surg. in the Coldstream Guards, has been promoted to Battalion Surgeon, vice Wyatt.

J. C. COLLINS, Assist.-Surg. Bengal Service, has been promoted to Surgeon, vice Mackinnon, retired.

H. E. EASTLAKE, M.D., has been appointed Physician-Accoucheur to the St. Marylebone General Dispensary, Welbeck street, Cavendish-square.

P. FITZGIBBON, L.K.Q.C.P.I., has been appointed Medical Officer to the Clonmel Constabulary, vice J. Ward Bowsley, M.D., deceased.

A. GILMOUR, L.F.P.S.Glas., has been appointed Surgeon to the 1st Administrative Battalion Linlithgowshire Rifle Volunteers.

A. GRAHAM, M.D., Surgeon R.N. July 27th, 1847, has been appointed to the "Edinburgh."

J. HENDLEY, M.R.C.S.E., Staff Surgeon, has been appointed Surgeon to the 7th Foot, vice T. Moorhead, M.D., appointed to the Staff.

WM. A. HOPE, M.B. Assist. Surg., Supernumerary in the 57th Foot, has been appointed Staff Assistant-Surgeon, vice Hyde, resigned.

BRONISLAW J. JAZDOWSKI, M.B., Staff Assist.-Surg., has been appointed Assistant-Surgeon to the 93rd Foot, vice S. Hope, deceased.

WM. R. KERANS, L.R.C.S.I., Staff Assist.-Surg., has been appointed Assistant-Surgeon to the 99th Foot, vice S. H. Macartney, M.D., who resigns.

E. M'SHANE, M.R.C.S.E., Assist.-Surg., Supernumerary of the 63th Foot, has been appointed Staff Assistant-Surgeon, vice P. Frank, M.D., resigned.

J. F. MITCHELL, M.R.C.S.E., Assist.-Surg. R.N. March 31st, 1858, has been appointed to the "Victory" for service with the Marine Artillery.

T. MOORHEAD, M.D., of the 7th Foot, has been appointed Staff Surgeon, vice J. Hendley, appointed to the 7th Foot.

R. BERNARD O'TOOLE, Assist.-Surg. R.N. Oct. 8th, 1861, has been appointed to the "Forte" (additional).

J. PALFREY, M.D., of Wellington-street, London-bridge, Assistant-Physician to the Metropolitan Free Hospital, has been elected Physician to the Surrey Dispensary, Great Dover-street, vice Dr. Whitley, resigned.

F. PEARSON, Assist.-Surg. Bengal Army, has been promoted to Surgeon, vice Surgeon Major Beale, retired.

G. R. PEMBERTON, M.B., Assist.-Surg. Bengal Service, has been promoted to Surgeon, vice Weshered, retired.

DR. J. PETTIGREW, formerly President of the Royal Medical Society, Edinburgh, and Resident-Surgeon to the Clinical Surgical Wards of the Royal Infirmary of Edinburgh, has been appointed Assistant in the Hunterian Museum, Royal College of Surgeons of England.

C. ROOKE PRANCE, M.D., has been elected Librarian of the Plymouth Medical Society.

J. LANCASTER RANKING, M.R.C.S.E., Surg.-Major Madras Service, of the 105th Foot, appointed to the 23rd Brigade Royal Artillery, and to be in medical charge of the Horse and Foot Artillery at Secunderabad.

J. RAYTON, M.R.C.S.E., Surgeon Indian Service, has been promoted to Surgeon-Major, having completed twenty years' service in India.

J. LEE SANDS, L.R.C.S.I., Assist.-Surg. R.N. Sept. 25th, 1855, has been appointed to Greenwich Hospital.

W. SCOTT, M.D., Surgeon Madras Army, from doing duty in the 24th Regt. of Native Infantry, to do duty with the 108th Regt. of Foot.

H. SMITH, F.R.C.S.E., Surgeon-Major Madras Army, has been removed from the 8th Regt. of Native Infantry to the 20th Brigade of Royal Artillery, and to be in medical charge of the Horse and Foot Artillery at Kamptee.

WM. DENNETT SPANTON, M.R.C.S.E., of the Middlesex Hospital, has been appointed Assistant to the House-Surgeon, Sheffield General Infirmary, vice A. E. H. Trotter, M.R.C.S.E., resigned.

J. STEPHENSON, M.D., has been appointed Surgeon to the 1st Norfolk Artillery Volunteer Corps.

D. WILSON, L.R.C.S.I., Surgeon R.N., has been appointed to the "Osprey."

Surg.-Major WRIGHT, of the Bombay Service, has been appointed to act as Presidency Surgeon of the 1st District, during the absence of Surg.-Major Arbuckle.

F. W. WRIGHT, M.R.C.S.E., has been elected Resident Surgeon to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, vice T. H. Hughes, M.D., resigned.

J. WYATT, M.R.C.S.E., Battalion Surgeon Coldstream Guards, has been promoted to Surgeon-Major, vice J. Munro, M.D., who retires upon half-pay.

Births, Marriages, and Deaths.

BIRTHS.

On the 15th of Oct., at Hobart-town, the wife of Geo. Forbes Nixon, M.B., of a son.

On the 12th of Oct., at Nairne, South Australia, the wife of Dr. Weld, J.P., of a daughter.

On the 10th ult., at Montreal, the wife of Dr. F. Campbell, of a son.

On the 14th ult., at Montreal, the wife of Dr. W. Campbell, of a son.

On the 8th inst., at Denny-street, Tralee, the wife of W. Alton, M.D., of a daughter.

On the 6th inst., at Hawick, the wife of J. Bryden, M.D., of a son.

On the 6th inst., at Hope-street, Edinburgh, the wife of William Lapsley, L.R.C.S.Ed., Surgeon 99th Regiment, of a son.

On the 6th inst., at Kildare-street, Dublin, the wife of Geo. Davis, M.D., of a daughter.

On the 7th inst., at Sevenoaks, the wife of Chas. Lovegrove, M.D., of a son.

On the 9th inst., at Sunnyside, Macrcom, the wife of Warren Crosbie, M.D., of a son.

On the 12th inst., at Woolwich, the wife of Surgeon-Major E. H. Blake, of a son.

MARRIAGES.

On the 27th of Sept., at Beechworth, Australia, John Colquhoun Dempster, M.D., only son of Dr. Dempster, Inspector General of Hospitals, to Octavia Sophia, relict of the late Hodgson Peters, Esq.

On the 11th ult., at Nicholet, Lower Canada, Dr. Wm. H. Smith, to Miss Victoria Olive Duval.
On the 23rd ult., at the Cathedral, Calcutta, T. Wright, M.R.C.S.E., Assist.-Surg. 38th Regt., to Margaret, eldest daughter of J. M'Cheane, Esq., J.P., of Southsea.
On the 3rd inst., at St. John's Church, Leamington, Chas. F. Hawkes, M.D., to Sarah Cartwright, of Birmingham.
On the 7th inst., at Walton-on Thames, Wm. Price Jones, M.D., of Surbiton, to Sophia Caroline, younger daughter of the late Wm. Atkinson, Esq., of Notting-hill and Aldersgate-street.
On the 13th inst., at the Church of the Holy Trinity, Westminster, J. Strange Biggs, M.D., of Springfield, Tooting, to Catherine Churchward, eldest daughter of Lieut.-Colonel Groundwater, formerly of the Bombay Horse Artillery.

DEATHS.

On the 22nd of Sept., at Yankallilla, Ralph Smith, M.D., aged 34.
On the 5th of Oct., at Tavistock-buildings, Port Adelaide, South Australia, Andrew Chalmers, M.D., aged 42.
On the 10th of Oct., at Thornleigh, Longford, Tasmania, Fred. F. Whitfield, M.R.C.S.E., aged 49.
On the 8th ult., at sea, off Bermuda, from accidentally falling overboard, Rich. Ratliffe, Assist.-Surgeon R.N. Aug. 29th, 1852, Senior Assist.-Surg. H.M.'s Ship "Melpomene," aged 34.
On the 1st inst., at Market Drayton, Salop, Thos. J. Warburton, L.R.C.P.E., second son of J. Warburton, L.S.A., of Betley, aged 37.
On the 1st inst., at Northampton-park, Islington, George Adam Buchanan, L.S.A., aged 61.
On the 2nd inst., at Dudley Colliery, Northumberland, Geo. D. Moir, Surgeon, formerly of Glasgow, aged 24.
On the 3rd inst., G. Haines Jones, M.D., J.P., of Ashling House, Hambleton, aged 71.
On the 4th inst., T. Harrison, M.R.C.S.E., of Lancaster, formerly of Kendal, aged 57.
On the 5th inst., J. Brown, M.D., of Quadrant Villa, Lower-road, Islington, aged 50.
On the 6th inst, at the Vineyard, Ticehurst, Sussex, C. E. Hayes Newington, B.A., Ext. L.R.C.P., aged 59.
On the 7th inst., at Kew-terrace, Dundee, Wm. Finnie, Staff Surgeon-Major, Army.
On the 7th inst., at Leuchars, Fifeshire, R. T. Scott, M.D.
On the 8th inst., at Abbey-wood, Kent, Wm. Kingdon, F.R.C.S.E. (Hon.), of Bank-buildings, Lothbury, aged 74.
On the 11th inst., at Paris, J. Gunning, C.B., F.R.C.S.E., Inspector-General of Army Hospitals, aged 88.
On the 11th inst., Charles Mott, M.R.C.S.E., of Church Stretton, formerly of Walton-on-Thames, aged 73.

BOOKS ETC. RECEIVED.

Mr. Spencer's Principles of Biology.
Sowerby's English Botany; with Descriptions. By Mrs. Lankester. No. I.
Dr. J. Seiler uber die Behandlung der Lungenschwindsucht.
Every Man's Own Lawyer.
Mr. Lee's Lectures on Syphilis.

THE LANCASHIRE DISTRESS MEDICAL FUND.

THE following is the list of contributions to the present time :—

The Proprietors of THE LANCET	£100	0	0
Dr. Watson, President of the College of Physicians	5	0	0
James Luke, Esq., President of the College of Surgeons	2	2	0
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Dr. Hassall	2	2	0
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Dr. Gibb	1	1	0
Dr. Tucker	1	1	0
Dr. Waller Lewis	2	2	0
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The Compositors employed on THE LANCET ...	1	10	0
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Dr. C. Radcliffe Hall	10	0	0
Dr. Protheroe Smith	3	3	0
Dr. Gull	2	2	0
T. M. Beaumont, Esq., Knaresborough	1	1	0
Westminster Monthly Meeting, Society of Friends (per Dr. Hodgkin)	10	0	0
Arthur M. A'Beckett, Esq., Surbiton	1	1	0
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Dr. Walter Bryant	2	2	0
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Dr. Herbert Barker, Bedford	1	0	0
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E. G. (fourth weekly subscription)	0	5	0
Dr. J. W. Ogle	2	2	0
E. G. (fifth weekly subscription)	0	5	0
Dr. Vade	5	0	0
A. B. (per R. Winning, Esq.)	2	2	0
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Dr. Batt, Witney	1	1	0
E. G. (sixth weekly subscription)	0	5	0
"Alice," a Surgeon's little daughter (collected in pence)	0	15	0

Subscriptions will be received on account of the "Lancashire Distress Medical Fund" at the London and Westminster Bank, (St. James's-square,) or at THE LANCET Office.

Medical Diary of the Week.

MONDAY, JAN. 19
- LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- ROYAL INSTITUTION.—2 P.M. Special Meeting of Members.
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. Richardson, "On Alcoholic Phthisis."

TUESDAY, JAN. 20
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Marshall, "On Animal Mechanics."
- ETHNOLOGICAL SOCIETY. — 8 P.M. Col. Phayre, "On the Nations and Tribes inhabiting British Birmah."—"On the Jews of Aden," by a Native Jew of Aden. Communicated by S. H. Bronkhorst.
- JUNIOR MEDICAL SOCIETY OF LONDON.—8 P.M. Meeting at the Whittington Club, Arundel-street, Strand. Mr. H. Cooper, of St. George's Hospital, "On the Treatment of Fever."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, JAN. 21
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.

THURSDAY, JAN. 22
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Frankland, "On Chemistry. Chemical Affinity."

FRIDAY, JAN. 23
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Prof. Tyndall, "On Radiation through the Earth's Atmosphere."

SATURDAY, JAN. 24
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Mr. W. S. Savory, "On Life and Death."

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To Correspondents.

WHAT ARE "PHYSICIAN-ACCOUCHEURS"?

F.R.C.S. makes the following inquiry. In an obscure medical periodical he says he saw this month the second part of an article by A. B., a physician-accoucheur, "On Cancer of the Female Sexual Organs," the paper in question being "On Cancer of the Breast." Seventeen cases are recorded, and, to his astonishment, he finds that A. B. *removed the breast* in three cases; that he advised removal (by himself no doubt), which was declined, in one instance; and that he carried out the caustic plan (Dr. Feil's) in one case, and destroyed a tumour with potassa fusa in another:—

"Now," he says, "I wish to ask whether a physician (for A. B. is M.R.C.P.) is justified in the performance of these operations, which have hitherto been considered within the province of the surgeon? 'Anything in a woman' seems to be the theory and practice of A. B.; but I think that view will scarcely be endorsed by the profession. Pray what do A. B.'s surgical colleagues and the members of the Obstetrical Society think of his proceedings? The College of Physicians has lately assumed such a surgical aspect, that it may be less scrupulous than it was; but even it, I imagine, never meant its *Members* (not Licentiates) to become general practitioners to all intents and purposes. Until the status of 'physicians for diseases of women and children' is clearly defined, I, for one, shall abstain from referring any case to those whose practice is not exclusively that of physicians."

*** The gentleman to whom our correspondent alludes is also, we believe, a Member of the Royal College of Surgeons. Whether this be the fact or not, "F.R.C.S." seems to be thoroughly ignorant of the principles enunciated in our pages. We have always contended that Medicine and Surgery are one and indivisible. Is there any man able to draw the line between Medicine and Surgery? No such genius has yet presented himself to our notice, or, probably, ever will. Notwithstanding the sneer respecting "general practitioners" implied in the above communication, this class of practitioners are in reality the medical attendants on all cases of a vast majority of the population. The progress of medical education has made them not only equal to the "common exigencies of surgery," but competent to treat the medical and surgical cases entrusted to their care. If they require a second opinion on the case they are treating, they have little regard to the titles which the gentlemen whom they select may enjoy. The one-faculty system is that which must eventually prevail, notwithstanding the present jealousies which exist in what are called the different grades of the profession.

Dr. Russell, (Glasgow.)—The reports shall, if possible, appear next week.

A. B., (North Adelaide, South Australia.)—Dr. Clark was occasionally a contributor to this journal. He had an extensive practice in London; but was compelled to seek a more genial climate in consequence of failure of health.

SCOTTISH COUNTRY PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I take the liberty of forwarding you the enclosed advertisement, which I extracted from the *North British Advertiser* some time ago. It may serve to show the condition of more than one country practitioner in Scotland:—

"MEDICAL.—There is at present an eligible opening for an active medical practitioner in the parish of Dailly. The Parochial Board will guarantee an annual salary of £30. The former medical officer was also *collector of poor's rates, which office is now vacant*. Candidates will lodge their applications with the Chairman of the Parochial Board on or before the 28th curt. Satisfactory testimonials required."

I am, Sir, your obedient servant,

January, 1863. R. L. S.

M.D.—A case was submitted to the Attorney-General two years ago as to whether the Licentiates of King and Queen's College in Ireland, as such, are entitled to the degree of Doctor in Medicine, and to use the abbreviations or initial letters M.D. after their names. The two Charters of the College and the several Acts of Parliament bearing thereon were submitted to the learned gentleman. The following is his opinion:—

"I think the Licentiates and Fellows, as such, of the King and Queen's College of Physicians are entitled to the degree and title of Doctors in Medicine, and to use the letters M.D. after their names.

(Signed) "R. DRAKE."

This opinion is valuable, but not conclusive on the point at issue.

Chemicus.—Petroleum has been known from very early ages. Herodotus has alluded to its production in the Island of Zante, and Dioscorides and Pliny describe it as obtainable from Agrigentum, a small town of Sicily.

THE COMPOSITION OF MILK.

To the Editor of THE LANCET.

SIR,—I read the article in your journal of the 3rd instant on "The Composition of Milk," which I find has been called in question in your last week's impression by "An Agriculturist," whose letter you refuse to publish as he did not append his name to it, and because, "though strong in assertion, it is singularly destitute of proofs and facts in support of his position." Such being the case, I think you did perfectly right in rejecting his imperfect communication, and making the strictures you did on its imperfectness in the non-advancing of any proof corroborative of his assertions; as had you favoured him by its insertion, it would not, on account of its paramount defects, have carried any weight in the mind of the scientific reader, as regards its truthfulness, in disputing the correctness of Drs. Hassall and Boedecker's observations.

I have, as is well known, for many years paid considerable attention to the above subject, and in the year 1851, after the elaborate "Report on the Adulteration of Milk and its Composition," I wrote to THE LANCET to prove that Dr. Hassall was not the first observer of the comparative richness of the morning's and evening's milk, or that different portions of the same milking were strikingly distinguishable from each other as to the proportions of cream produced. I advanced the most supportable evidence in proof of what I stated; but it was not published, though promised, because the manuscript had, as I was given to understand, been sent or given to Dr. Hassall to look over, who unfortunately lost it, and, as the time had gone past for my reply to have any effect upon Dr. Hassall's report, I did not re-write it. I do not desire to foist my own researches unnecessarily before the public, nor have I any wish to take the slightest credit to myself on the subject further than to state that my experience will not in the main fully bear out Drs. Hassall and Boedecker's views. Mind, I do not dispute the correctness of their observations in the abstract, but simply that they were not the first observers of what is not unfrequently the fact as regards the evening's milk being the richer. As to different portions of the same milking varying in quality respecting its richness in cream, that has for a long time been known to every dairymaid, and has been practically made use of in the cheese-making districts by the dairy farmer, I may almost say since the first making of cheese.

I have no wish to take from Dr. Hassall, whom I have had the pleasure of knowing for many years, what is rightly his due. He is a thoroughly independent and faithful observer, and the public owe him a lasting debt of gratitude for the solid truthfulness and scientific acuteness he displayed in the able reports on the "Adulteration of Food" which appeared in THE LANCET some years since. They proved how well he had cultivated his mind on the question, and what a complete master he was of all that appertained to the abominable practices of sophistication.

I am, Sir, your obedient servant,

Piccadilly, January, 1863. H. HUDSON RUDD, M.R.C.S.

To the Editor of THE LANCET.

SIR,—When an apprentice under my late father, upwards of thirty years ago, he told me I would find the evening's milk of the cows thicker than the morning's, and the churn and cheese-vat confirmed the soundness of the instruction thus taught. There is, therefore, no claim to novelty in the discoveries recently noticed in THE LANCET, the fact having been known to agriculturists from time immemorial. The difference of thickness is, no doubt, traceable to the greater amount of the caseous and fatty matter being worked up in the reparation of the body during night. There are, however, owing to the abnormal character of health, food, and management, a great many exceptions to the general rule.

The odorous and sapid properties of milk are open to discovery. Thus finely-flavoured milk is much more nourishing for calves, lambs, &c., than the contrary quality, though richer in butter and cheese. I have often found this, and the chemical solution of the problem involves very interesting data.

I remain, Sir, yours, &c.,

A MEMBER OF THE ROYAL AGRICULTURAL SOCIETY.

January, 1863.

*** These communications both confirm the statement advanced by Dr. Hassall and Professor Boedecker—namely, that the afternoon's is richer than the morning's milk. This is, in fact, the only matter of any importance in the question.—ED. L.

Censor.—The arguments respecting the title of "Doctor" are pretty well exhausted. As many non-graduate physicians have expressed their desire to have the question settled by a court of law before a competent tribunal, we shall be happy to receive subscriptions to carry out this object.

A Near Resident.—The letter arrived too late for insertion this week.

MEDICAL PRECEDENCE IN SOCIETY.

To the Editor of THE LANCET.

SIR,—Two ladies, one the wife of M.D. Scotland; the other, wife of M.R.C.P. London, disagree as to the priority or precedence of each other, also to their relative rank in society. By letters patent in England, I notice a "doctor" ranks after a "colonel" and serjeant-at-law. "Where does the London College physician rank?" Please settle this dispute for the ladies.

I remain, Sir, yours, &c.,

January, 1863. A SUBSCRIBER.

A Subscriber, (Lichfield.)—The medicine prescribed closely resembles the mistura ferri composita of the Pharmacopœia, and the same decomposition in preparing it would ensue. Carbonate of iron and sulphate of soda would be formed, and after a day or two part of the iron would be precipitated in the form of oxyde. The formula is, nevertheless, a valuable one; but the medicine will keep only for a short time.

A Seven Years' Subscriber.—The diploma of the Faculty of Physicians and Surgeons of Glasgow qualifies for an appointment under the Poor-law Board.

Oleum.—We believe that linseed oil is very much adulterated. Such a procedure is even more felt in the arts than in pharmacy.

H. H. R.—The article has been in type for several weeks. It shall appear at an early period.

W. C.—There is no foundation whatever for the statement that the Burton brewers use large quantities of carbolic acid for the purpose of rendering the beer bitter. The acid in question does not possess any bitterness; moreover, if added to beer in even minute quantity, its presence would be at once revealed by its pungent taste, which resembles creasote. Picric acid, the active principle of cocculus indicus, is stated to be used in some cases, but certainly not by the Burton brewers.

ANÆSTHESIA.

To the Editor of THE LANCET.

SIR,—I noticed a short time since in the *Daily Telegraph* the following paragraph:—

"CAUTION TO RAILWAY TRAVELLERS.—An extraordinary case of robbery on the Great Northern Railway has just been brought under notice. A lady, residing in the neighbourhood of Stamford, left London by the five o'clock express on Tuesday evening. Her fellow-passengers, in a second-class carriage, were a well-dressed man and woman, whom she took for a newly-married couple. They were very polite in their demeanour; and on the journey the man offered the lady a copy of an illustrated newspaper, which he produced from a travelling bag. An overpowering odour proceeded from the paper on its being opened, and the lady immediately became unconscious, in which state she remained until the arrival of the train at Peterborough, where she had to change carriages. Directly after the express had left the station on its northward journey, she discovered, on being applied to for her railway ticket, that she had been robbed, not only of that, but of her purse and its contents. On entering the carriage she had placed the ticket in her purse in the presence of her fellow-passengers. The lady's idea is, that the newspaper was saturated with chloroform, the scent of which was disguised with lavender."

It opens up a very important medico-legal question, and I trust that your columns will lend their aid towards its solution. That the momentary inhalation of chloroform, even from the saturated surface of a newspaper, would produce anæsthesia, is contrary to my own experience.

We very frequently find cases recorded wherein robberies are supposed to occur during a suddenly induced insensibility. In our everyday experience of chloroform, as used in surgical operations, it is difficult to imagine how anæsthesia can be produced without the consent of the person inhaling. Are many of these cases myths? Is ammonia or another drug used?

A person some time ago was charged at the Clerkenwell Police Court with having in his possession a watch stolen from another by means of chloroform. The complainant stated that a glove merely struck him under the nose; that there was something on the glove which ran up his nostrils; that it was very strong, hurt his eyes, and nearly blinded him; that he was insensible almost at the moment that the glove was put to his nose.

I cannot conceive that chloroform could manifest such instantaneous effects as these. The question is well worth ventilation.

I am, Sir, your obedient servant,
Angell-terrace, St. Peter's, N., Jan. 1863. A. ERNEST SANSOM, M.B.

Papier Carbonifère.—Under this head, a series of carbonized dressings for wounds, blistered surfaces, &c., are being introduced to the notice of English surgeons by Messrs. A. and E. Cohen, of Friday-street. The advantages claimed for the carboniform lint consist in its preventing the bad smells of wounds, in its superior healing qualities, and in its not requiring to be changed for forty-eight hours if necessary, the latter being a very important consideration on the field of battle. The new lint has, after due investigation, been admitted into the French military hospitals, and its superiority is acknowledged. As for civil hospitals, it is generally used in France, and is being tried at the following London hospitals:—St. Bartholomew's, Middlesex (in cancer ward), St. Thomas's, St. George's, St. Mary's, London, King's College, and the Guards' Hospital.

Dr. John Struthers' first contribution "On Anatomy" will appear in the next LANCET.

Coroner for Oswestry.—Mr. J. S. Davies, Surgeon, was elected last month the Coroner for Oswestry, not for Shrewsbury, as was stated in a late number of this journal.

W. E. C.—It is most unusual, and we think Mr. S. would act most indiscreetly and unprofessionally by attempting to enforce his demand.

Omega cannot have better diet for antiscorbutics than water-cresses at breakfast, and oranges after dinner.

Cura, (Shaftesbury.)—The circumstances respecting the late case of "poisoning" occurring in this neighbourhood shall receive attention next week.

THE MILITIA SURGEONS' SOCIETY.

To the Editor of THE LANCET.

SIR,—Can any of the Militia surgeons inform me what has become of the Militia Surgeons' Society, or how the funds which were subscribed for it have been disposed of?

I am, Sir, yours, &c.,
January, 1863. A MILITIA SURGEON.

M.D. Edin.—It has not yet been decided by the judges to what extent the Apothecaries Act was repealed by the late Medical Act. The Society of Apothecaries still contend that no practitioner, unless he be an apothecary, can practise as such in England and Wales.

Mr. Welby and Mr. Rutherford.—The announcements appeared in our last number.

Mr. Griffith will oblige by forwarding the information.

E. T.—It need scarcely be said that the remedy, like all others, is not fit for all cases.

R., (Stafford.)—We regret that the "North Staffordshire Infirmary question" continues in such an unsettled state, but are not sufficiently informed upon the points in dispute to be able to give an opinion.

Messrs. Maw and Son.—The preparations forwarded will meet with early attention.

Dr. Matthew Corner.—From the statement there does not appear the slightest ground of action. We should certainly advise that the case be defended. The profession will not allow Dr. Corner to be a sufferer in such a case.

A CRAVAT-PIN SWALLOWED; FAVOURABLE RESULT.

To the Editor of THE LANCET.

SIR,—The subject of this accident is a youth, aged about fifteen, tall, slight, and of highly nervous temperament, whose father called upon me on Friday, the 2nd instant, in great alarm, in consequence of his son having accidentally swallowed a cravat-pin, about two inches in length (gold), and the head of which was ornamented with a turquoise stone.

On visiting the patient, I found him pale, anxious, and complaining of pricking pain in the stomach; otherwise in good health. I recommended him to make as good meals as possible throughout the day, in order that the pin might be mixed and amalgamated with the food, and the mucous membrane be thus protected in its passage through the pylorus and intestinal canal, and in the morning to take an aperient draught; the stools to be examined *regulatim*. Subsequent to the action of the draught, I ordered him a mixture containing the diluted nitric and hydrochloric acids, to be taken thrice daily, in the hope of some chemical action on the gold; if not so, as a placebo.

On the following Tuesday I received a letter from his father, a copy of which I now send, and which I think requires no comment:—

"January 6th, 1863.

"MY DEAR SIR,—I am sure you will be glad to hear that our enemy (the pin) reappeared last night, much to our joy, and without the slightest inconvenience to your patient.

Yours most truly,
"———."

I remain, Sir, yours, &c.,
GEORGE LEWIS COOPER, F.R.C.S.,
Woburn-place, Jan. 1863. Surgeon to the Bloomsbury Dispensary.

Enquirer.—For a good account of the various methods of rendering dresses non-inflammable, our correspondent may refer to the article, "Incombustible Garments," at page 302 of the first volume of the *Social Science Review*. The tungstate of soda is not so useful as the sulphate of ammonia.

Mr. Thos. Carr Jackson.—The communication shall appear in our next impression.

Inquirer.—The Foundling Hospital in Guildford-street, Russell-square, makes no distinction. Dr. Burke Ryan or Dr. Lankester might afford the information.

F. L.—M. Bouilland does not pretend to attribute the development of exophthalmic goitre to onanism *exclusively*, but to every excess and abuse in general of the sexual functions.

T. R.—We cannot answer our correspondent in this place. If he will send his address, he shall receive a private note.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Hughes Bennett; Dr. Brinton; Dr. S. Ward; Mr. Hilton; Mr. J. Lane; Mr. T. Carr Jackson; Mr. Calleoder; Rev. A. J. D. D'Orsey; Mr. R. Tuck, (with enclosure;) Mr. Eastlake; Dr. Bagley, Hunmanby; Mr. Ellis, Newcastle, (with enclosure;) Dr. Wills, Blandford, (with enclosure;) Dr. Chetel; Dr. Whitmarsh, (with enclosure;) Mr. Doswell, Bishops Waltham; Mr. Isaacson, Newport; Mr. Wilkie, (with enclosure;) Mr. Wollaston; Mr. Keys, Blandford, (with enclosure;) Mr. Pope, (with enclosure;) Mr. Wallace, Millbrook; Mr. Mitchell, Farnham, (with enclosure;) Dr. Sisson; Dr. Batt, Witney, (with enclosure;) Mr. Hale, (with enclosure;) Dr. Hitchman, Liverpool; Mr. Beatty, Peasham; Mr. M'Kinnel, Mentone; Mr. Curtis, (with enclosure;) Mr. G. L. Cooper Dr. Hewitson, (with enclosure;) Mr. Kemp, Castleford, (with enclosure;) Dr. Russell, Glasgow; Mr. Jennings, Coleford, (with enclosure;) Mr. Wilby, Manchester; Mr. Pitts, Wetherby, (with enclosure;) Mr. Rutherford, Edinburgh; Mr. J. D. Ward, Bridlington, (with enclosure;) Mr. Evans, Blaenant, (with enclosure;) Mr. W. Cockcroft, Catterick, (with enclosure;) Mr. Pratt, Cardiff; Dr. Plumbe, Maidenhead, (with enclosure;) Mr. A. Willis, Brechin, (with enclosure;) Dr. Wade, Birmingham; Mr. Warburton, Crewe; Mr. H. Marsh, Staines, (with enclosure;) Dr. Guppy, Falmouth, (with enclosure;) Mr. Cox, Brighton, (with enclosure;) Mr. Bonner, Minhead; Mr. Sanders, Wampshray, (with enclosure;) Mr. Brown, Huddersfield, (with enclosure;) Dr. Day, St. Andrews; Mr. Greaves; Dr. Campbell, Oban, (with enclosure;) Dr. Logan, Penpont; The Secretary of the Society of Arts; Chemicus; Clerical, Medical, and General Life Assurance Company; W. E. C.; Oleum; F. T. R.; M.R.C.S.; A M.D.; Nemo Mortalium; A Licentiate; Subscriber; London Hospital; Afflicted; A. E., (with enclosure;) Royal Institution; W. C.; Ethnological Society; R. L. T.; E. T.; W. E. C.; Alpha, (with enclosure;) A Militia Surgeon; H. G. B., (with enclosure;) A December M.D.; E. H.; J. M., (with enclosure;) A Seven Years' Subscriber; Censor; &c. &c.